Lecture
ON
ELEPHANTIASIS ARABUM.

Delivered at Charing-cross Hospital,

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GENTLEMEN,—The subject to which I propose to-day to direct your attention is Elephantiasis Arabum—a disease seldom seen in this country, but of frequent occurrence in certain tropical and intertropical climates, and therefore well worthy of your consideration, as it is not improbable that some of you may have to exercise your profession in those countries.

Whatever the causes may be—and I shall tell you of those to which it is generally assigned,—there can be no doubt that this disease gives rise to most remarkable outgrowths, and necessitates most formidable surgical proceedings, which in the majority of cases are followed by the happiest results, and in some cases is the only treatment to which it is amenable. Indeed, I scarcely know of any morbid condition in which greater relief is afforded by such interference, or in which the good results of a surgical operation are more signally demonstrated. But, of course, you will understand that I do not intend to discuss the question merely from this point of view, but in its more extended aspects as a constitutional disease, and in its relation to various etiological questions that have from time to time been connected with it, in respect to its geographical distribution and the predisposing and determining causes of its occurrence in certain individuals and certain localities.

I am able to show you specimens of the disease, which have been recently sent to me from Calcutta, and take advantage of the opportunity thus offered of bringing the subject before you. You will observe there are two specimens, which in their present condition, after the action of spirit, present very much the same appearance, though they were very different while they yet formed part of the patients' bodies. One is the ordinary, the other the navoid or lymphoid variety of the disease; and I shall explain the difference, which is of degree rather than kind, presently. They were both removed from natives of India by Professor Partridge, in Calcutta, where the operation is exceedingly common, and both appear to have been very small tumours, though excellent illustrations of the pathological anatomy of the disease. The larger specimen was from one of ordinary elephantiasis. It was removed from a Hindoo (Brahmin), aged thirty, a native of Calcutta. The tumour was of three years' growth, and weighed, after removal, 3 lb. 4 oz. The smaller was a good specimen of the lymphoid or navoid form. It occurred also in a Hindoo in Calcutta. It was of three years' growth, had been attended with irregular attacks of fever, and had yielded at times a copious discharge of milky, sometimes of sero-sanguinolent, fluid, of which he had frequently relieved himself by tearing away a small portion of the integument. Both recovered after the operation.

These morbid growths have been frequently examined microscopically, and the result generally has been to show that though there is great disturbance in the proportions of the histological elements, there is, after all, nothing really new—that, in fact, they are good examples of simple hypertrophy, though no doubt the hypertrophy is significant of a constitutional disorder, the precise cause of which is at present obscure; though, from the prevalence of the disease in certain regions of the earth's surface, and coincidently with certain conditions of climate and soil, as well as other influences, it is impossible not to suspect, at all events, that it is in some measure dependent on these conditions.

Recently, the discoveries of Lewis, Bancroft, Manson, Sousino, Dos Santos, and Crevaux have thrown new light on the etiology of this and other tropical diseases; and how far they seem to connect themselves with elephantiasis I shall presently relate to you. But first I must give you some account of the general pathology and symptomatology of the disease.

Elephantiasis has many synonyms: Bucnemia tropica; Morbus elephas; Elephantiasis Indica; Spargosis; Hernia carnosa; Phlegmasia Malabarica; Egyptian sarcocele; Barbadoes leg; Glandular disease of Barbadoes. In different parts of India, where I have studied it, it is known as Da-eol-fil (Arabic), Fil-pai (Persian), Hathi Ka-paon (Hindostanee), Sleepatham (Sanscrit), Peerun-kaal (Tamiel), Muntha-kaal (Malayalim), Mothakaaloo (Telugu), Kyagyee-gna (Burmese), and probably by other local names.

It is endemic in certain tropical and intertropical countries, generally near the coast, as Dr. Chevers, I think, said where the malaria and the sea air mingle. It is found in India, the Malayan Peninsula, China, Arabia, Egypt, the West Indies, part of America, and probably, sporadically, all over the globe, perhaps excepting the extreme northern and southern regions.

Certain climatic conditions—humidity, heat, malarious influences, and proximity to the sea—seem to be concerned in causing it; it has frequently been observed that removal from the locality checks, whilst return to it reproduces, the disease; and now, according to Lewis, Manson, Bancroft, and others, the presence of a filaria in the blood and lymph is considered to be largely concerned in the causation; at all events, this parasite is frequently associated with, if not the cause of, the disease. This is a subject on which more information must be obtained before a decided opinion can be formed; but it cannot be denied that the causal relation of the nematode to elephantiasis and other morbid conditions, to say the least of it, has some show of probability. The discovery by Dr. Manson that the mosquito, as an intermediary host, is instrumental in propagating the filaria, and consequently the disease, is also very interesting, and in both an etiological and sanitary point of view worthy of careful consideration; but I think we may hardly yet regard this as established, and we must wait until further observation shall have confirmed the facts.

Elephantiasis may be defined as a non-contagious disease—at least it is so in the ordinary sense in which that term is used, though Manson's discovery of the part played by the mosquito in transferring the filaria would seem almost to raise a doubt of this,—characterised by recurring febrile paroxysms, attended by inflammation and progressive hypertrophy of the integument in the areolar tissue, occasionally by swelling of the lymphatic glands and enlargement and dilatation of the lymphatics, sometimes to such an extent as to give rise to a varicose distended appearance of the surface of the growth, in some cases, by the coexistence of so-called chyluria and the presence in the blood and lymph of certain minute nematoid parasites, the hypertrophy of the integument causing enormous enlargement of the extremities, but especially of the scrotum, prepuce, or labia, sometimes of other portions of the integument. The greater tendency to hypertrophy in the genital organs, it would seem, is coincident with the greater supply of lymphatics to these than to other tissues. The bones of the extremity may even share in the hypertrophy. There is abundant albuminous deposit in the cells of the areolar tissue, and sooner or later degeneration of both muscular and osseous tissues.

It is totally distinct from leprosy (Elephantiasis Graecorum), with which, owing to its name, it is sometimes confounded. But they are unlike in symptoms as in nature, and have nothing in common, although it is to be noted that Mr. Vincent Richards ascertained that out of 636 cases collected by him in Orissa, 40 individuals, or 6·29 per cent., suffered from leprosy also, showing that they may coexist.

It would be well to abandon elephantiasis as a generic name for true leprosy. It is derived from the supposed resemblance of the parts affected to the limb of an elephant, and is therefore more appropriate to the disease which really does bear that character than to leprosy. In reference to this, Bateman says that the Arabic writers drew a distinction. They described bucnemia as *elephas*, and leprosy as *elephantia*. Thus, here again it would seem that there was a confusion among terms by their translators.

The ordinary form in which the disease occurs is hypertrophy of the integument and subjacent areolar tissue of some part of the body, notably of the legs and external genital organs; those parts most profusely supplied with lymphatics, apparently, being most affected. The skin becomes enormously thickened by hypertrophy of all the fibrous elements of its structure, attended by the deposit of a quantity of albuminous fluid in the areolar tissue. The papillæ in many cases become prominent, and much increased in size. The skin is formed into hard rugous masses

or folds, not unlike the appearance of the skin of an elephant's leg. The feet and toes are sometimes almost hidden under it, and scrotum and labia form enormous outgrowths, often attaining great size and weight, accompanied by large hydroceles, the contents of which are often white like milk or chyle, owing to exudation of lymph containing degenerated lymph-cells. From the male, they have been removed weighing upwards of 100 lb. The tumours vary in condition, according to the state of contractility of the muscular elements. At times they are densely firm, at others they are flaccid and soft. In certain cases there is a highly hypertrophied and dilated condition of the lymphatics, especially near the surface. They are prominent and turgid, soft, elastic or fluctuating, while, especially during the periods of febrile excitement, they are so turgid as sometimes to rupture, discharging a chyloid fluid. They give rise to a sort of varicose or nævoid condition, the cells and ampullæ of which when punctured give exit to a quantity of lymphy fluid, sometimes clear, sometimes whitish or pinkish, and which coagulates firmly after removal, and in which are found the filaria of Lewis. In some cases where this distinctly varicose or nævoid form is not assumed, the surface of the outgrowths during the periodic febrile attacks assumes a herpetic condition, with an acrid and offensive serous exudation.

Now these outgrowths, though they are very interesting as such, are still more so as the local evidences of a constitutional disease, the result of certain climatic causes the nature of which is not yet understood; although, considering the geographical distribution of the disease, it seems probable that whatever else—whether filariæ or otherwise—may be at work, the so-called malarious influences probably play an important part in its production. The discovery of the existence of nematodes in the circulating nutritive fluids, and that chyluria and hæmatozoa are frequently (if not always) associated with elephantiasis, is not only suggestive of a common origin of these diseases, but suggests a probable explanation of other hitherto imperfectly understood tropical cachexiæ. The ordinary form of elephantoid hypertrophy occurs independently of chyluria, or hæmatozoa, or of any *obvious* change in the lymphatics (though no doubt such exist), nor is it (yet at all events) to be assumed that the disease is always due to filariæ in the blood; for there may be other and totally different causes. But it is to be remembered that the hæmatozoa are very difficult to detect when they are present; and the fact that they are associated with many cases of elephantiasis and chyluria, suggests that further research may reveal a close connexion between them, and throw light on a still somewhat obscure subject. I think it is desirable, whilst fully recognising that hypertrophy from lymphangitis may occur in other conditions, to limit the term "elephantiasis" to the constitutional form of disease that occurs within certain geographical endemic areas, and is manifested by periodic paroxysmal recurrences of fever, accompanied by the disturbed state of the lymphatic system, the progressive hypertrophy, and sometimes by hæmatozoa, as I have already stated. There are cases of hypertrophy of the skin with dilated lymphatics, and occasional constitutional disturbance, that may be and are described as elephantiasis. They occur here as they do elsewhere, but I do not think they are identical with, though very similar to, the disease elephantiasis as it is seen in tropical or intertropical climates.

The disease affects both sexes and all ages. No race is altogether exempt, but the dark-skinned seem more liable to suffer than the fair. Men suffer in a larger proportion than women. Waring says that of 945 cases observed in Travancore 716 were males, or 75·76 per cent.; 229 were females, or 24·34 per cent.,—or about 3·5 males to 1 female; prejudices against submitting women to examination may, however, account in some measure for the disproportion. It is most common in adults, and is very rare in children, or beginning in aged persons; but it has been seen in infancy and in old age. The period of life between twenty and forty is that most prone to be affected. V. Richards, who carefully studied the disease in Bengal, thinks that hereditary predisposition is a leading cause; of 236 persons affected, 193, or 73 per cent., had one or both parents suffering from the disease.

The malady is not always attended by any obvious disturbance of the general health during the intervals of the febrile attacks, which in some instances are few and slight. The appetite, spirits, and general condition are good, the functions normal, and the only inconvenience is the size and weight of the outgrowth. On the other hand, it is frequently quite the reverse: the rapidly recurring febrile attacks, pain, exhaustion, suffering, and visceral complications induce cachexia and debility so serious as to render even surgical interference impracticable. Hepatic and splenic complications do not, as a rule, result from the persistence of elephantoid fever alone, though not unfrequently as a direct result of malarious poisoning, when they seriously aggravate the evils of the sufferer's condition. I may here remark that albuminuria and chyluria may be present. In some cases, after the outgrowth has attained a certain size, it ceases to grow, or increases very slowly and insidiously, without febrile disturbance. The health is generally good, but there is probably a tendency to recurrence of fever once or twice a month. The parts become hot, tense, painful, swollen, and often discharge a serous or lymph-like fluid, which may be acrid and offensive. Some tumours, however, seem very slightly affected, and remain perfectly dry. But in all cases the growth progresses, and even when, as occasionally happens, fever ceases to recur, there may still be a slow and painless growth of the tumour. Sometimes, again, it is very rapid; at others it is slower, with intermissions of activity and indolence. According to Richards, the average duration of the disease, as deduced from the observation of 636 cases, was eleven years and a half; and he also notes that the earliest age was nine years, whilst the latest at which he observed it was eighty years of age. It appears that the disease does not, of necessity, shorten life; though no doubt—especially when there is any splenic or hepatic, but especially the former complication, or diabetes or albuminuria—dangerous ulceration and even gangrene may supervene.

In some cases there is reason to believe that debility and cachexia, as well as the disease itself, interfere with the procreative power. But men who have long been incapacitated have become fathers after removal of the outgrowth; and there is no reason to conclude that the disease, unless it cause great debility, is necessarily attended by loss of generative power in either sex, though it would seem that women have a tendency to abort when they are subjects of the disease.

Various causes are assigned for the disease in the region where it prevails. Air, water, food, and, as it is frequent near the sea coast, eating fish, have been credited with it. The presence or vicinity of certain forms of vegetation, geological formations of soil, have each or all been regarded as causes. Climate and locality, some undefined endemic influence, combined with poor living, are doubtless concerned as predisposing causes, and it is probable that, like some other cachectic conditions observed in tropical climates, it may be determined by the presence of filariæ in the nutritive fluid. It is interesting to learn that Dr. Manson, in China, considers that the geographical distribution of elephantiasis is much the same as that of the mosquito; indeed, he and Dr. Bancroft attach much importance to the *rôle* played by these insects as intermediary hosts and propagators of the filariæ and the disease. I have already mentioned the important discovery by Dr. T. Lewis of the existence of the embryos of the filaria in human blood, and it is impossible not to recognise the important bearing that his researches have on their relation to elephantiasis, chyluria, and other disordered states of the lymphatic system. Further investigation may confirm or it may reject these views, but one cannot but recognise the importance of the discoveries, though the precise import of their causal relations to elephantiasis or other diseases is still *sub judice*.

Dr. A. Webb believed that in some cases the disease was of syphilitic origin, but this view has not met with much support from others, nor is it based on any very positive evidence. As to its malarious origin, it is to be noted that whilst the disease occurs in those regions where malarious poisoning prevails, it is not always more prevalent where paludal fevers are most severe; and though it is frequently associated with it, it is not identical with malarious fever. It is probable that its occurrence as dysentery, goitre, and other forms of disease, may be determined in some way by the causes that give rise to intermittent fever, splenic cachexia, neuralgia, &c., and which in our ignorance of its, or their, real nature are called malaria! The subjects of this disease, in India at all events, are under the impression that it is caused by lunar influences, and have the firmest conviction that the paroxysm of fever and inflammatory action are due to, and synchronous with, lunar changes; and as it no doubt frequently happens that the fits do occur at the same time as the changes of the moon, it is not strange

that the natives should hold a belief, which is almost universal, in relation to the action of the moon on other vital conditions among the people. It is by no means always confined to the ignorant of nearly all nations. Such, however, is the case, and in many cases you might as well try to convince the person that he had no disease at all as that it was not so determined.

No race, as far as I know, is exempt from the disease, but whatever may be the explanation (perhaps in better living, less exposure to the causes), the white appears to be less subject to it than the dark races. It does occur occasionally, though very rarely (I have seen it twice only), in the pure European in India, more frequently in those of mixed races, and it will generally be found that when it occurs in persons of European parentage, there is a mixture, however slight, of dark blood. Waring says that the lower animals are not exempt; even birds have been known to suffer from a swelling of one or both legs, which, though unaccompanied by fever, was in all respects similar to the hypertrophy of elephantiasis.

The disease occurs in different forms and in various degrees of severity. In some the attacks of pain are of repeated recurrence, from intervals of a fortnight to that of a month, the increase of the hypertrophy being rapid. In others the attacks are irregular, slight in intensity, whilst the growth of the tumour is slow and less pronounced. Long intervals of quiescence, varied by occasional increase in the swelling with very little manipulation of febrile tendency, occasionally occur. In some cases, indeed, the growth is slow and continuous, without *any* disturbance of the general health. The hypertrophy appears to be simply an increase in the natural histological elements, the structural changes being most marked in the outset in the lymphatic tissue, and the hypertrophic changes progressing most rapidly and conspicuously in parts like the scrotum, labia, certain portions of the integument or body, certain aspects of the limbs where the lymphatics most abound. That this is the determining cause of growth in one locality more than another I think is fairly to be inferred. In some examples—those which I described as nævoid elephantiasis, Dr. Vandyke Carter as lymphatic varix—the lymphatics and lymph spaces undergo great hypertrophy and dilatation, giving rise to a soft, elastic, spongy, varicose condition of the growth, which, when punctured, gives exit to a quantity of whitish or pinkish fluid, like that of so-called chyluria, which of course is not *chyle*, but lymph whitened by fatty degenerate lymph-cells, or reddened by blood-cells. It coagulates firmly after removal. The lymphatic glands share in the enlargement. In other respects the progress of this is like that of the ordinary form of the disease, and it is the same, or nearly the same, in structure. As I have said, hydrocele is one of the earliest symptoms, and always, or nearly always, accompanies elephantiasis. Inflammation of the lymphatics of the cord is also a frequent initiatory process.

In Europe and in India we see cases in which lymphangitis and progressive hypertrophy take place; there is a dilated varicose state of the lymphatics and glands, and there are occasional fits of excitement, increase of temperature, and discharge of *chyle-like* fluid, the loss of which is very exhausting. They resemble, but are not really, true elephantiasis.

Mr. D'Arcy Power had made a careful microscopical examination of these specimens. The larger tumour did not show any material change in the epidermis, but great thickening of the subcutaneous connective tissue, which was pervaded by numerous bands of unstriped muscular fibre dispersed transversely and vertically, as well as numerous free nuclei. The tissue was compact, and mainly destitute of fat; the hairs and their follicles normal; sweat-glands of large size; bloodvessels numerous and large, and the lymphatic channels dilated and abundant. The smaller tumour also showed considerable hypertrophy of the subcutaneous connective, and hypertrophy of the hair-follicles, sebaceous and sweat glands. The bloodvessels and lymphatic channels were large, the latter containing numerous small refracting angular bodies, staining deeply by reagents. The specimen was carefully examined for filariæ by Mr. Henry Power, Dr. Cobbold, and Mr. Macnamara, who had also seen the specimens. It was suggested that the numerous small semicircular bodies, about the diameter of red blood-corpuscles, met with in the second case in the lymphatic channels, might be transverse sections of filariæ. If so, the number of these organisms present must be very large.

But little impression has yet been made on this disease by constitutional treatment. Remedies, though useful during the febrile paroxysms in moderating their severity and the excess of local action, have little power in preventing recurrence or in checking its onward progress. Preparations of iodine in combination with quinine, arsenic, and iron, have all been found useful to a certain extent. During the fever salines, diaphoretics, aperients, and such remedies as are useful during the pyrexial stages of malarious fever, are indicated. The internal use of opium in some form may be necessary to relieve the intense pain which often accompanies the onset of the stage of excitement, when the suffering in the spermatic cords, testes, and generally in the lumbar regions is sometimes so intense, combined with the depression caused by nausea and retching, as almost to prostrate the patient from exhaustion.

The local application of iodine or some of its preparations, by inunction or otherwise, of such forms as the iodide of lead or the biniodide of mercury, have been thought to be useful; but as they are generally applied in conjunction with pressure when the patient is kept in a recumbent posture, the benefit is probably quite as much, if not more, due to the mechanical action of posture and pressure as to drugs.

A due combination of local and constitutional remedies, with rest, improved diet, and improved hygienic conditions, may, and no doubt do, somewhat control the progress of the disease and relieve suffering. No remedy, however, is so potent as change of climate. This, if effected in the earliest stages, may completely arrest the disease, and, perhaps, but this is doubtful, even disperse any incipient structural change that may have occurred.

It has occasionally been observed in the rare cases in which it happens in Europeans, that returning to Europe they have, after a time, lost the disease, and almost, if not entirely, any hypertrophic changes that may have occurred. Natives of India improve, and the disease often ceases to progress, if they leave the endemic area during the early stages, and go and reside in other and drier localities. Such a change, for example, as from Calcutta to Delhi, in the case of a native of Bengal who is affected, is often effective in arresting, if not in curing, the disease. It is constantly observed, however, that after the hypertrophic condition has become advanced, the paroxysms of fever are still liable to recur, even when the climate is changed, though they do so with less violence, showing that the tumour itself acts in some way as the source of a dyscrasia that perpetuates the recurrence of the febrile state, which ceases altogether after it has been removed. This, where the disease affects the genital organs, is possible. When the limbs are the seat of disease, the practice is not applicable.

The onset of elephantiasis is frequently violent, and attended with great suffering. There is high fever, intense pain in the lumbar region, the groins, the spermatic cords and testes, which become much congested and swollen, whilst acute hydroceles form. This is often attended with sympathetic vomiting, nausea, rapid and erythematous swelling of the external parts; and if the extremities be attacked, the swelling is frequently very tense and painful, accompanied by much effusion into the areolar tissue. The surface of the integument is much inflamed, and sometimes discharges a serous ichor or chyle-like fluid, according to the extent to which the lymphatics are engaged in the particular case. There is much constitutional disturbance, increase of temperature, and often depressing nausea and vomiting when the cords are implicated. In these the great tension and swelling of the cords is apt to dilate the abdominal rings so widely that, when they subside the patient is liable to suffer from hernia through the widened inguinal passages.

During the fever and excitement, salines and aperients, with local soothing applications, fomentations, and often opiates, are necessary to relieve pain and give rest. When this stage has passed, quinine is useful, which if anæmia exist should be combined with iron, which may be all the more necessary if other indications of malarial cachexia be present. A variety of tonics have been recommended, but there is no reason to believe that, beyond their general action as tonics, antipyretics, or febrifuges, drugs have any special action on the disease. Richards thinks that he has seen benefit result from confining certain natives of Orissa to a milk diet; but it is to be feared that even this simple form of treatment will not generally succeed.

It is impossible to overestimate the importance and value of change of climate; in the case of Europeans this should

be to Europe, in that of natives of the country to a district where the disease does not prevail—beyond damp and malaria as much as possible; and in addition all measures should be resorted to that can tend to improve the general health and the condition of impoverished blood which no doubt exists.

Surgical treatment, where the hypertrophy is advanced, is often most successful in relieving the sufferer not only of the local trouble, but also of the fever, which ceases when the outgrowth is removed, for it would seem that the outgrowth acts as a source of dyscrasia keeping up the recurrence of fever as long as itself remains.

Tumours of the genital organs, sometimes of enormous size, are now removed with complete success, and, considering the formidable character of the operation and the magnitude of the mass—which has occasionally exceeded 100 lb. in the male—with comparatively small mortality.

The removal of a scrotal tumour is effected by incisions along the course of the cords and the dorsum penis. The cords, testicles, and penis are turned out by a few touches of the knife, and then reflected and held up on the abdomen, while the mass of the tumour is rapidly swept away by a few bold incisions in the perineum. The removal should not occupy more than 2½ to 3½ minutes, unless any complication should arise from adhesion of the testes to cicatrices, such as are often caused by the application of the moxa, which is a favourite native method of treating the disease in the early stages. The numerous venous and arterial bleeding points should then be arrested by ligature or torsion, and the surface of the wound dressed with oiled lint covered with antiseptic dressing.

No attempt should be made to preserve flaps of integument. It is unnecessary, and almost certain to be followed by recurrence of the disease. The process of cicatrisation goes on rapidly, and in from two to four months all is closed in by cicatricial tissue, which gradually perfects itself with time, and has no liability to become the seat of a return of the disease.

Before commencing the operation, especially in the case of a large scrotal tumour, it is well to drain it of blood by placing the patient on his back, elevating the tumour in the abdomen for an hour or so before the operation, during which time pressure by a bandage (a modification of Esmarch's) may be tried, and cold (ice) may be applied. During the operation the application of a whipcord ligature drawn tightly round the neck of the tumour prevents loss of blood, and it is very important that not more blood than can possibly be helped should be lost from the numerous bleeding points, which are seldom controlled with fewer than twenty to thirty ligatures, often more. The shock of the removal of so large a mass is often severe, and causes anxiety. The patient should in such cases not be moved until reaction has thoroughly set in, and care should be taken that at or soon after this period, no hæmorrhage should occur from small vessels which during the operation may have escaped notice.

The subsequent dressing of the wound must be conducted with care and attention, pressure being judiciously applied when the testes are being closed in by the rapidly contracting cicatrix. During the first forty-eight hours it is better not to interfere with the dressing, as up to that time, and even later, they are completely glued to the surface of the wound by the masses of lymph which are exuded. Then the dressings can be changed without much trouble to the patient or fear of causing hæmorrhage. The subsequent dressings consist simply of lint, with carbolised solutions; and as the wound closes, it is occasionally necessary to aid the contraction by strips of adhesive plaster. A weak solution of chloride of zinc should be frequently sprinkled over the dressings to destroy the fetor of the discharges, which, during the hot weather, with the thermometer at 90° in the shade, decompose very rapidly. The elongated cords rapidly contract, and in the course of three or four weeks, the testes, which were dependent half-way to the knee, are drawn up and begin to be enclosed within the cicatrix.

As to the constitutional treatment, for the first few days, whilst there is feverish excitement, restricted diet and salines are requisite; but the necessity for ample diet and good nutrients soon occurs, the patient requiring a plentiful supply of food to repair the loss caused by the profuse drain. The periodical paroxysms of fever which accompany the growth of the tumour disappear after the operation, and the relief afforded to the sufferer is great.

In thin persons the abdominal tourniquet may be applied. The process of healing occupies from two to four months, but when complete is very satisfactory. The genital organs are covered and protected, and the relief to the sufferer, who had for years been encumbered with a tumour of perhaps thirty to sixty pounds' weight, may be imagined. The procreative powers are also frequently restored. Of 193 cases of scrotal elephantiasis operated on in the Medical College Hospital in Calcutta between 1859 and 1871, thirty-five, or 18·2 per cent., proved fatal, the causes of death being pyæmia, embolism (cardiac and pulmonary plugging), diarrhœa, tetanus, shock. Some of these deaths were due to insanitary conditions, and probably would not have occurred under more favourable circumstances.

The tumours removed varied in weight from two or three pounds to 110 lb. The ages of the patients ranged from twenty to fifty years. It is to be observed that the recorded weight of the tumours generally is that of their solid parts, after the blood and fluid had drained away, and does not include the fluid of the hydroceles, which in some of the tumours adds so much to both the weight and bulk.

The vermicular movements of the tumours, continuing for some time after their removal, are very remarkable—the contraction being in some instances so well marked as to cause distinct motion of the entire mass, and illustrating remarkably the contractile action of the dartoid structure.

It has been suggested by high authority that elephantiasis of the limbs may be treated by ligature of the main artery, but it is difficult to understand on what physiological principle this mere temporary starvation of the limb should have any efficacy in permanently removing the local expression of a constitutional disease. That it might temporarily ameliorate it there is no reason to doubt, but the same effect could be produced by pressure on the limb or its artery, or by continuance in the recumbent posture; and such, indeed, has been the result of experience in certain cases in India. Ligature of the femoral artery, which was necessarily accompanied by protracted rest in bed, the application of bandages, and the general diminution in size that would follow such an ordeal, were followed by a considerable reduction in the size of the leg. The improvement, however, was temporary, and the disease returned to its original dimensions on the patient's resuming the usual mode of life.

There is probably not sufficient reason on physiological principles for expecting permanent improvement in the case of true elephantiasis by merely temporarily arresting the flow of blood, and subsequently altering its channel of distribution in the limb through the anastomotic circulation, to warrant ligature of the main artery; and, as has been stated, ligature of the femoral artery for elephantiasis of the leg failed in Calcutta to produce any permanently good result. It is therefore so far neither supported nor confirmed by experiment.

EXTIRPATION OF THE LARYNX.

BY DAVID FOULIS, M.D. GLASG.

IN the previous notices of the case of James H——[1] I gave an account of the progress of his illness, and of the steps taken to relieve it, up to the end of January, 1878. It may be interesting to follow the further progress of the case to its termination on March 1st, 1879.

I pointed out that the symptoms of pulmonary disease which were present had been a source of anxiety both before and after the operation, but that the phthisical tendency seemed to be in abeyance for a time. In my first paper the patient is described as he first came under notice in April, 1876. "He was a sallow man, who seemed, from the account he gave of himself, never to have been quite healthy for any considerable length of time continuously. Not to particularise each separate ailment, it may be sufficient to say that at the age of twenty-one he caught a severe cold after a wetting, and that he was laid up with this cold for ten months. He was hoarse at that time, but gradually recovered his voice. ..... He said he readily caught cold; never spat blood; and a tendency to night-sweats, which formerly troubled him, had now ceased. On examination,

[1] THE LANCET, vol. ii. 1877, p. 532; and vol. i. 1878, p. 120.

the chest was seen to be narrow; the right apex rather flattened and dull to percussion. Over this dull area the expiratory murmur was hollow and prolonged, and there was increased vocal resonance. The other thoracic and abdominal viscera seemed to be in good condition; and I came to the conclusion, which was confirmed by the after-progress of the case, that the symptoms in the right apex did not indicate active lung disease."

The success which attended the three operations to which he was submitted proved that the chest disease, though still present, was not very active; and at the end of the second notice I wrote:—"In concluding this notice, I must allude to the general health of the patient, and to the prospect of a recurrence of the growth. There is as yet no sign of the latter; and the two glands which before the operation was performed were large and dangerous-looking are now very small. They can still be felt on careful examination, and should they give any trouble they can be excised. The patient remains, as before, rather subject to colds, and during his stay in the Nursing Home there was a sharp attack of bronchitis in the right lung with crepitant râles at the apex and half-way down the lung, with an evening temperature of 99° to 101°. With this there were slight sweatings at night, but, after causing us much anxiety for a fortnight, these passed away. The temperature is now nearly normal, betraying an occasional tendency to an evening rise of half a degree or so. There is just a trace of sweating at night at rare intervals."

The patient gained flesh after his visit to London in January, 1878 (where he had been able to ascend quickly with me the stairs leading to the dome of St. Paul's); and being in good spirits, and feeling able to do work, he was, by the kindness of his former employer, taken on at the works as a telegraph clerk, the easy duties of which office he soon mastered. For eleven months he continued to attend to his work, wearing the artificial larynx night and day. Towards the end of the year he noticed occasional streaks of blood in the mucus coughed up, and the lower edge of the orifice in the neck became slightly excoriated, probably from the downward pressure of the tube; while the tendency to occasional night-sweats and evening temperatures continued to be remarked. In these circumstances the unusual severity of the winter told with evil effect on him, for on Christmas-day I was informed that he had felt himself unable to be out, and when I saw him with Dr. Miller, of Lennoxtown, the signs of pulmonary disease were very pronounced, the apices of both lungs being dull to percussion, and giving a prolonged hollow expiration-sound, with increase of the vocal fremitus and vocal resonance; while the cough, the hæmoptysis, and the night-sweating were worse than ever before. When the interior of the trachea was illuminated from the neck aperture, as could easily be done, the mucous membrane was distinctly seen to be covered with ulcers, which had exactly the appearance of tubercular ulcers. In spite of every care the disease now ran a rapid course; the ulceration extended to the gullet; and death took place on March 1st, at 3 A.M.

It so happened that in the same room, and sleeping in the same bed with him, was a favourite brother, two years younger than himself, also far gone in pulmonary phthisis; and about the middle of February, 1879, this brother died. This was a circumstance in every way unfavourable to my patient.

The post-mortem examination of the body was forbidden by the relatives, wherefore I am not in a position to describe the precise lesions which may have been present. But the whole of the history of the case points so plainly to tubercular phthisis, and the aperture in the neck, although ulcerated, was so free from anything like recurrence of the tumour, that I do not hesitate to set it down as a death due to phthisis, and not to recurrence of the growth in any internal organ, more especially in view of the death of his sleeping companion from consumption a fortnight before.

This has an important bearing on the ethics of the operation, for if by removing the larynx in this case I saved the patient from death by extension of a malignant growth at the upper end of the larynx and gullet, giving him at least one year of useful, comfortable, and hopeful existence, and if, seventeen months and a half after the excision, he succumbed to another disease than that for which the operation was performed, I may safely say that good and not harm was done by it. As to the question of the development of phthisis being hastened by the operation, there is no evidence of that any more than in the case of the brother, the facts, indeed, rather pointing to an improvement in the state of the general health after the excision of the larynx.

So far as I am aware, this patient has lived longer than any other on whom this operation has been performed, and the success which attended it in presence of the serious phthisical complication is very encouraging with regard to similar cases.

Glasgow.

ON CHRONIC BRIGHT'S DISEASE, AND ITS ESSENTIAL SYMPTOMS.

By F. A. MAHOMED, M.D.,

MEDICAL REGISTRAR TO GUY'S HOSPITAL, AND ASSISTANT-PHYSICIAN TO THE LONDON FEVER HOSPITAL.

(Concluded from p. 401.)

THE cerebral symptoms which are called uræmic occur in three forms—headache, convulsions, and coma; all of them can, I think, be explained by sudden increase of arterial pressure in the brain. One-sided headaches are very common in Bright's disease, and are due, I believe, to dilatation of the carotid on the corresponding side; evidence of this is afforded by the external branches, which can nearly always be felt, in these cases, fuller, harder, and more tortuous than those of the opposite side, and it is important to remember that greater hardness and cordiness of arteries is generally due to greater distension of them. The relaxed vessel of the affected side is over-distended by the high pressure in other parts to an extreme degree, producing painful pressure on the tissues it supplies; this may cause vertigo, perhaps transient paralysis and other symptoms, or it may pass on to capillary hæmorrhages producing convulsions, or even to apoplexy. This condition of migraine is seen often enough in patients who have not abnormally high arterial pressure, for this is not a necessary factor; but when present the condition becomes more dangerous, from the results which it may produce when occurring in vessels previously degenerated, and when the local condition is intensified by general high pressure. Following a similar train of argument to that adopted by Dr. Weakes to account for occipital headache[1], it would not be difficult theoretically to connect these one-sided headaches with disordered liver or stomach. If on the left side, we should remember that the left pneumogastric nerve passes to the left hepatic plexus, and that in the neck it sends branches to the superior cervical ganglion of the sympathetic, and so influences the vaso-motor ganglia of the carotid; thus, reflexly from liver disorder, the left carotid might be dilated, and migraine of the left side ensue, while that of the right side should be more strictly due to stomach irritation. To return, however, from this digression, I may refer my readers for further evidence of capillary hæmorrhages producing uræmic convulsions to a former paper on the subject.[2] The other cerebral symptom of uræmia—coma—may be explained by œdema of the brain, as Traube long ago suggested. If these symptoms are due to high arterial pressure, they call for its immediate relief, and instances are now fast multiplying in which the lancet has afforded it.

One other group of dangers threaten especially these individuals with the high-pressure diathesis in the decline of life, when the organic changes of Bright's disease are well established. The table previously given shows the large proportion of them who fall victims to surgical operations. The fatality which attends operations in cases of chronic Bright's disease has long ago been remarked. The point I would chiefly urge now is the importance of recognising this disease, before the operation, by means of the pulse, and that no reliance should be placed upon a mere examination of the urine.

Such, then, I believe to be the nature and course of the condition generally known as chronic Bright's disease. If it be the true one, the cardio-vascular changes must be more important and more constant than any others; and this clinical aspect of the question would seem to lend

[1] The Etiology and Treatment of Occipital Headache. The "Practitioner," April, 1878.

[2] British Medical Journal, July, 1877.

strong confirmation to Sir William Gull's and Dr. Sutton's hypothesis of arterio-capillary fibrosis, and itself to gain strength from this hypothesis and the evidence upon which it rests. It appears to me that these clinical, and their pathological, observations must more or less stand or fall together; that one is the pathological, the other the clinical aspect of the same question. Of this I feel sure, that the clinical symptoms and the pathological changes resulting from high arterial pressure are frequently seen in cases in which very slight, if any, disease is discoverable in the kidney—certainly not sufficient to make the kidney appear as a primary source of the other changes, either from the manner in which it performed its functions during life or from the amount of disease visible in it after death. Two or three such cases have already been alluded to; the subject is one which it will be necessary to treat more at length hereafter.

The statement that a considerable number of individuals have during their usual health high pressure in the pulse is made from the results of a large number of observations on healthy people, though not so large or so varied as I hope to make it, for it is difficult to obtain opportunities for such observations. It has been suggested that such a condition may possibly occur so frequently as to make it no real variation from the normal, but this I do not find to be the case. As near as I can judge, taking healthy people, irrespective of age or sex, if above puberty and below thirty, it occurs in about 8 per cent. After thirty such cases begin to increase in number, and the number steadily increases as age advances. The most sudden rise is from forty-five to fifty; after fifty-five the proportion of high pressure to healthy pulses is very large indeed, but I have not at present a sufficient number of observations on elderly people in health to be able to speak definitely on this point.

This tendency to the production of high arterial pressure exactly corresponds to the increased proportion of granular to healthy kidneys in old age. It does not, however, appear to be a necessity of old age that the pulse should be hard or the kidneys granular, for many cases occur in which the pulse is soft and the kidneys are normal. It is probable that the habits of life tend to produce this change; possibly the almost universal use of alcohol is one great factor in it; it would be extremely interesting to examine a large number of total abstainers (who had been so from youth, if such could be found), with a view to discover whether they have an immunity from this condition. Sir William Gull and Dr. Sutton point out[3] the *frequent*, but not *invariable*, occurrence of granular kidneys in advancing age. They say, when summarising their conclusions, "The morbid state under discussion is allied with the conditions of old age," &c. They guard this statement, however, by the next paragraph, which says, "The changes, though allied with senile alterations, are probably due to distinct causes not yet ascertained." In a table which they give to show the relative frequency of granular to healthy kidneys at various ages, they show that it increases with each decade, rising rapidly after thirty years of age, but continuing to rise throughout life. Their numbers run as follows:—

10 to 20	...	1 granular kidney in		44
20 to 30	...	1	,, ,,	34
30 to 40	...	1	,, ,,	8·4
40 to 50	...	1	,, ,,	2·6
50 to 60	...	1	,, ,,	2·3
60 to 70	...	1	,, ,,	1·08
70 to 80	...	1	,, ,,	1·2

These statistics appeared to me so important that I sought to verify them by appeal to the pathological records of Guy's. The table given by these observers was compiled from the data obtained by inspection of 336 persons, of whom 57 were over fifty years of age. I have confined my inquiry to the frequency of the condition over fifty years of age, and have for this purpose examined the reports of 150 persons over this age. The result of this inquiry is given in the following table:—

Table showing the Proportion of Granular to Healthy Kidneys occurring in 150 persons over 50 years of age.

From 51 to 55	in 45	cases the kidneys were granular in			9, or 1	granular kidney in		5	healthy ones.
,, 56 ,, 60	,, 36	,,	,,	,,	16, ,, 1	,,	,,	2·25	,,
,, 61 ,, 65	,, 21	,,	,,	,,	8, ,, 1	,,	,,	2·6	,,
,, 66 ,, 70	,, 17	,,	,,	,,	8, ,, 1	,,	,,	2·12	,,
,, 71 ,, 75	,, 21	,,	,,	,,	14, ,, 1	,,	,,	1·5	,,
,, 76 ,, 80	,, 6	,,	,,	,,	4, ,, 1	,,	,,	1·5	,,
,, 81 ,, 90	,, 4	,,	,,	,,	3, ,, 1	,,	,,	1·3	,,
Over 50	in 150	,,	,,	,,	62, ,, 1	,,	,,	2·42	,,

These figures bear out in the main those given by Sir William Gull and Dr. Sutton, though they do not make the proportion of granular kidneys to healthy ones quite so high as in their table. Another point worthy of note is that my table would appear to postpone the excessively high proportion of granular to healthy kidneys by fifteen years, making about the same proportion after fifty-five that the former table does after forty years of age. These differences may be accounted for by the fact that the former table was presumably composed from the observations of one who was especially seeking for evidence of this change; while in the reports from which my table was compiled, the condition was probably only noted when fairly well marked.

In conclusion, let me state briefly the following propositions, which are the outcome of the foregoing remarks.

1. Albuminuria, though occasionally produced by other causes, is generally the result of increased pressure in the capillaries of the kidney, either venous or arterial.

2. Neither albuminuria nor dropsy are usually present in chronic Bright's disease; when present they indicate acute or epithelial changes.

3. The blood-condition which produces the high arterial pressure of Bright's disease is the primary condition, and is not secondary to deficient renal excretion, as held by Bright himself and subsequently by nearly every authority upon the subject.

4. The most generally accepted account of the disease and its symptoms fails to recognise it in by far the larger number of cases in which it exists.

5. Cases present themselves wearing the aspects of various forms of heart disease, of bronchitis, of cirrhosis, of cerebral disease, and many other conditions, in which we can only discover the existence of chronic Bright's disease, as the *fons et origo mali*, by the signs of high pressure in the arterial system.

6. The cardio-vascular changes, when found alone, may be taken as evidence of the existence of the disease.

7. Similar changes to those found in the kidneys exist also in the mucous membranes, in the skin, and in other parts.

8. The condition of high pressure is almost constantly present in old age, and, in one form or other, brings about a large proportion of the deaths in persons over fifty.

9. The existence of high arterial pressure in the pulse of young persons indicates a diathesis, and is of grave importance.

10. The same condition, being of frequent occurrence, after the age of fifty is not of such great importance, unless present to an excessive degree; it then produces serious symptoms, and calls for active treatment.

Of these propositions, Nos. 6 and 7, and in great measure No. 3, have been already enunciated by Sir Wm. Gull and Dr. Sutton.

It has been necessary to speak briefly and more or less dogmatically on the present occasion, but I trust the subject will be worked out in detail, and further proofs offered of the statements made here, in another place. I may refer those who take an interest in it to a paper which I hope will find a place in the forthcoming number of the Guy's Reports, in which further evidence has been given and cases recorded illustrating some of the conditions alluded to.

[3] Transactions of Medico-Chirurgical Society, vol. lv., 1872, p. 296.

ON THE INJECTION OF WARM WATER INTO THE VAGINA IN CERTAIN CASES OF LABOUR.

BY WALTER J. KILNER, B.A., M.B. CANTAB.

ALTHOUGH meddlesome midwifery is rightfully deprecated, yet any assistance which can be given without coming under this designation will be certainly appreciated not only by medical men, but also by the patients themselves. The examples given below will show how injections of warm water into the vagina in properly chosen cases accelerate the labour without causing any increase of suffering to the mother. The only instrument required, besides a bowl of warm water, is a Higgins' syringe fitted with a vaginal tube; but this apparatus can be improved by the addition of a yard of indiarubber tubing three-eighths of an inch in diameter joined to the vaginal tube so as to carry off the water direct from the vagina into a receptacle, thus avoiding wetting the bed. The water should be as warm as the patient can comfortably bear, and in practice it is advisable not to begin with water raised to the full temperature, but gradually to add boiling water until the temperature of about 105° F. has been attained. The injection requires to be continued from five to twenty minutes according to circumstances. But there is one thing which must be borne in mind, that, unless the injection be given with a due regard to temperature, it is totally useless, so that to avoid disappointment it is better to administer it oneself rather than to leave it to a nurse, unless she can be fully relied upon. The effect caused is the relaxation of the maternal soft parts, and sometimes in addition the labour pains seem to be increased. Besides this, the patients generally say that the injections make them feel more comfortable.

The cases to which this treatment is specially applicable are those in which the os uteri is thin and rigid and the perineum unyielding.

CASE 1.—Mrs. A——; third confinement. I was first called in about seven o'clock A.M., and found the os opened just sufficiently to admit the forefinger. Pains every ten minutes. At 3.30 P.M. the os was about the size of a shilling, and the perineum rigid. Pains every two minutes, prolonged. The nurse, under my direction, administered an injection of warm water for about ten minutes, and after another ten minutes I made a vaginal examination, and found the os nearly dilated to the full and the perineum relaxed. The child was born within forty minutes from the commencement of the injection.

CASE 2.—Mrs. B——; sixth confinement. She informed me that in all her previous confinements she was in violent pain from thirty-six to forty-eight hours, but was always quick at the end. About 3 A.M. I found her with pains every two or three minutes, and the os about the size of a shilling, and unyielding. Pelvis roomy, and no difficulty likely to be presented after dilatation of the os. At 8.30 A.M. I was called again, and could not detect the slightest alteration in affairs; so I ordered an injection of warm water to be given her. Half an hour after the injection was administered I was sent for again, but the child was born before I could arrive, although the distance was only two minutes' walk.

CASE 3.—Mrs. C——; second confinement. About 2.30 A.M. I was called, and found the size of the os to be about that of a shilling. Pains every five minutes. At 10 A.M. there seemed to be no change except that the pains were more frequent and longer. She was ordered a warm-water injection. At 12.30 P.M. I found that the nurse had not administered the injection, and that the os was very slightly enlarged. The perineum was not at all rigid. I then gave the injection myself for about five minutes, after which the os dilated very quickly. The child was born in forty minutes' time.

CASE 4.—Mrs. D——; first confinement. I was called about 10 P.M., and found the size of the os just large enough to admit the finger. The vagina and perineum were excessively rigid—in fact, the most rigid I ever came across. At 12 at noon the next day the os was about the size of a shilling, and the other parts were unaltered. I injected some warm water for about eight minutes, after which the os rapidly dilated, dilatation being accomplished within half an hour, and at the same time the vagina and perineum became relaxed. As the child was a very large one, it took nearly three hours to traverse the pelvis, but the last part of the labour was quickly and easily performed.

CASE 5.—Mrs. E——, age thirty-seven years; first confinement. At 10.15 P.M. I found the os sufficiently dilated to admit the finger, and seemingly very unyielding. Pelvis fairly roomy, but the vagina and perineum rigid. She was ordered to have an injection for twenty minutes, which was commenced at about 11.15 P.M. A few minutes past one I was again sent for, and arrived just as the child was coming into the world.

CASE 6.—Mrs. F——; first confinement. At 11.45 I found that the os would hardly admit the forefinger, although the pains had been continuing regularly since 9 A.M. She took then a draught consisting of forty minims of tincture of opium, which, however, had no soothing effect. At 9 A.M. (twenty-four hours from the commencement of labour) the size of the os was that of a shilling. Ordered an injection of warm water. At 5 P.M. the size was hardly that of a florin. At 10 P.M. the os had remained stationary in size and extremely rigid, although the pains were almost incessant. Upon questioning the nurse, I found that only lukewarm water had been used for the injection, and thereupon I administered one myself for five minutes with water as hot as she was able to bear. After this each pain made such great progress that the os was wholly dilated in fifteen minutes, and the child born exactly fifty minutes after the commencement of the administration of the injection.

Ladbroke-grove-road, W.

ALBUMINURIA WITH RETINITIS DURING THE FIRST PREGNANCY; APOPLEXY AT THE END OF THE SECOND.

BY WILLIAM OXLEY, M.R.C.S.

THE cases of albuminuric retinitis recently published in THE LANCET induce me to submit the history of an interesting one which occurred a short time ago in my practice.

On March 17th, 1876, I was called in to see a young woman in the seventh month of her first pregnancy, by her husband, who informed me that she had suddenly become perfectly blind. On my arrival I found this to be correct; she could not see anything, was perfectly sensible, and complained of intense pain in the left loin; the urine was albuminous, and contained numerous granular casts. The pain in the loin continued unrelieved by the treatment with aperients and salines, and on April 8th coma supervened. By the action of croton oil this was relieved and consciousness slowly returned, and the former treatment was resumed without relief to the pain or improvement of the vision, until April 20th, when labour supervened and she was confined of a still-born child. From that time she made a good recovery, interrupted only by hæmorrhage on the tenth day, the urine becoming free from albumen, and the sight improving so much that in twelve months she could see to do fine needlework.

Ophthalmoscopic examination—for which I am indebted to Mr. Snell, of Sheffield, who kindly examined her eyes on two occasions—showed, soon after the commencement of the illness, the appearance of well-marked neuro-retinitis, commonly met with in Bright's disease; the margins of the optic discs were obscured, and the retinæ studded with white patches and hæmorrhagic spots, involving, in one eye especially, the region of the macula. Vision was reduced to the indistinct perception of large objects, or light perception. At a later period her sight had improved, and she was able to read small print and do fine needlework. The condition of the fundus oculi had wonderfully altered; only a few small atrophic retinal patches were visible, in addition to some remaining pallor of the optic papillæ.

On September 8th, 1877, while expecting her second confinement, she was suddenly seized with giddiness, and her mouth was drawn to one side. I found her sitting in a chair, and apparently much excited, struggling with her friends, who were trying to hold her, and saying "It will kill me." When removed to bed she soon fell into a deep sleep, without stertor. It was then observed that she had

lost the use of the right arm and leg. There was conjugate deviation of the eyes to the left side; sensibility of the right conjunctiva impaired; no ptosis. Coma not complete, as she could be slightly roused, but again fell asleep. Pulse hard. During the afternoon there was considerable reaction, pulse rising to 120, and like whipcord. Coma continued, occasionally interrupted by cries produced by abdominal pains, and at six in the evening of the following day she was delivered of a living child, forceps being used at the end of the labour. On the 12th consciousness returned, and she noticed her husband and baby, and answered questions by "yes" or "no." Her recovery was very slow, her mind remaining feeble, and the paralysed limbs useless for many months. Now she has recovered considerable power in the leg, and can walk about her house and for a short distance into the town, but the arm is yet very helpless. The urine on the 13th of October last was found free from albumen, the specific gravity being 1009.

Rotherham.

Medical Societies.

CLINICAL SOCIETY OF LONDON.

Pyo-pneumothorax.—Gangrene of Lung treated by Incision.

THE ordinary meeting of this Society was held on the 14th inst., Dr. Bristowe, vice-president, in the chair. The evening was occupied with the subject of paracentesis of the thorax, and especially of pulmonary cavities, Dr. Cayley contributing a case in which a gangrenous cavity in the lung had been freely laid open, and Dr. C. T. Williams relating a case diagnosed as pulmonary excavation, which eventually proved to be a limited empyema.

Dr. BRIDGES showed to the Society a well-marked example of Disease of the Skull in a child with congenital syphilis, exhibiting the malformation described by Parrot, and recently brought before the Pathological Society by Dr. Barlow (see THE LANCET, p. 371).

Dr. CROCKER brought forward a child suffering from Scleroderma, which he had previously shown at the Society. The patient had nearly recovered.

Dr. C. T. WILLIAMS read notes of a case of Fetid Pyo-pneumothorax, where tapping had been performed with great benefit. A gentleman, aged twenty-eight, had had pleurisy of both sides, causing partial adhesion of both pleuræ, and shrinking of the right side of the chest. Four and a half years later he had catarrhal pneumonia of the left lung, ending in excavation at the apex and tolerable quiescence; but at Cannes, in December, 1877, his cough and expectoration increased, inducing vomiting, and the sputum was so offensive as to cause loss of appetite and diarrhœa, not only in the patient himself, but also in his attendants. For several months he suffered from pyrexia, great loss of flesh and strength, and from symptoms of septicæmia, chiefly induced by the offensive atmosphere in which he lived, which various antiseptics palliated but failed to purify. Dr. Marcet detected large quantities of lung-tissue in the expectoration, and found proofs of a considerable-sized abscess discharging through the left bronchus. The symptoms continued, and the patient came to London, where, in June, 1878, Dr. Andrew Clark and Dr. Williams concluded, from the physical signs and the character of the expectoration, that, in addition to some cavities in the upper lobe, there existed either (1) a limited pyo-pneumothorax, or (2) a large superficial cavity in the lower lobe, the pleura being adherent; and from the loudness of the cavernous sounds, their limited area, and the large quantity of lung-tissue found, they considered the latter supposition the most probable. In either case tapping was recommended, and on June 18th Mr. Erichsen punctured the dense wall of the abscess between the sixth and seventh ribs, and evacuated a pint of fetid pus. The operation, though it gave rise to temporary but somewhat troublesome cutaneous emphysema, afforded entire relief to the patient. The cough was reduced, the expectoration fell to two ounces in amount. All fetor ceased, and with it all symptoms of septicæmia, including a fall in temperature, pulse, and respiration. The discharge from the drainage-tube was scanty and inoffensive, and neither in it nor in the sputum could any traces of lung-disintegration be found after the operation. The patient, who had extensive disease of the lungs, recovered sufficiently to drive out daily, and died, seven months after the operation, of thrombosis of the left pulmonary artery. Post-mortem examination revealed a circumscribed pyo-pneumothorax on the left side, limited by very dense adhesions. The sac communicated by two openings, each of such size that the lung-tissue exposed actually formed part of the wall of the pneumothorax. The upper lobe contained two large cavities, communicating by a bronchus, the upper one opening into the pleura. The right lung showed partial adhesions, some old consolidation, and fresh tubercle at the apex. Dr. Williams remarked that the limited form of the empyema had been caused by the successive attacks of pleurisy, and the pneumothorax arose from the pleural abscess bursting into the upper cavity, and thus discharging through the bronchus. Owing to the fistula being too small to admit free discharge, matter was retained, became fetid, and gave rise to septic symptoms and further ulcerative processes in the lung, which continued till the operation, which entirely changed the aspect of affairs, and converted an acute ulcerative empyema into chronic pneumothorax, adding several months to the patient's life. The difficulty of diagnosis lay in—(1) the limited character of the pyo-pneumothorax; (2) the loudness of the cavernous sounds, this being due partly to the large size of the pulmonary fistula, and partly to the conduction of sounds from the lower cavity; and (3) the character of the sputum, which was by no means simply purulent, but contained a quantity of lung-tissue.

Dr. CAYLEY read notes of a case of Gangrene of the Lung treated by Incision. The patient, a man aged forty, was admitted into the Middlesex Hospital on Dec. 30th, 1878. He had been ill five weeks with cough, spitting, and pain in the chest. During the last fourteen days his breath and expectoration had been fetid. On admission he was in a condition of extreme prostration and emaciation, with great dyspnœa and painful cough; with much difficulty he expectorated small quantities of horribly offensive brownish mucus. His breath had a similar odour. The physical signs were those of consolidation of the left base, but there were no distinct indications of a vomica, as bubbling crepitation or cavernous or amphoric breathing. The absence of these signs was probably due to the cavity being full, and to its not communicating freely with the bronchus. An exploratory puncture was made with a fine trocar and cannula, and a few drops of pus, with the same gangrenous odour as the expectoration, were drawn off. The patient was now put under the influence of a mixture of ether and chloroform, and Mr. Lawson made an incision in the ninth intercostal space, in a line with the angle of the scapula, three inches in length, and continued it till the cavity in the lung was reached. A gush of about five ounces of horribly fetid pus then took place, and with the pus several fragments of gangrenous lung-tissue, the size of the end of a finger, came through the opening. A large-sized drainage-tube was introduced, and the cavity was washed out twice daily with diluted Condy's fluid. The operation gave the patient great relief. He ceased to cough and to expectorate fetid mucus; his breath lost the gangrenous odour; and the temperature, which, before the operation, had been very high, fell to normal. He did not, however, rally from the state of prostration, and he gradually sank, and died on Jan. 4th, five days after the operation. For the first two days, fragments of gangrenous lung were discharged when the cavity was irrigated. On post-mortem examination the lower lobe of the lung was found consolidated by pneumonia and firmly adherent to the chest wall. In its interior was a large irregular cavity, with ragged, in parts gangrenous, walls. Where most superficial it was upwards of an inch beneath the surface of the lung. There was a small obsolete tubercular cavity, and some puckered fibrous nodules in the apex of the right lung. The kidneys were granular; the urine, however, had not contained albumen. In this case the patient was so much reduced when he came under treatment that little hope of a successful result could be entertained. The operation, however, which was unattended either by danger or difficulty, gave complete relief to his most distressing symptoms, and evacuating a quantity of

putrefying matters, which were pent up in the lung and causing septicæmia, gave the only chance of recovery; and possibly, if it had been performed earlier, the sloughing portions of lung might have become completely detached and the patient have rallied.

Dr. J. E. POLLOCK said the points of interest in Dr. Williams's case lay in the diagnosis before operation and in the choice of operation. The operation was done under the impression that a pulmonary cavity close to the chest wall had been laid open. The change in dulness with the change in position of patient was a point in favour of a pleural cavity as opposed to a pulmonary. In this case there was also a cavity in the lung, whence the expectorated lung-tissue. As to the propriety of tapping cavities in the lung, he believed that the practice was one which would become more established for the evacuation of cavities full of fetid contents without free communication with bronchi. Dr. Cayley had acted on these lines, and deserved credit for his boldness.—Mr. MAUNDER had listened with great pleasure to the cases, and admired the acumen shown by the physicians in their diagnosis of the conditions present. Surgeons were quite ready to come to the aid of physicians in these cases. He had observed that, in Dr. Williams's case, no sooner had a sufficient opening been made, so as to allow of free ventilation, than the previously fetid odour disappeared. He had long advocated the treatment of these abscesses in the chest on the same principle as that of abscesses elsewhere—viz., free incision.—Dr. MAHOMED said that last summer he had to consider whether he should recommend the tapping of a pulmonary cavity or not. The case was that of a child seven years old, who came to hospital with pneumonic consolidation of two-thirds of the lung. After three or four weeks, this not clearing up, and hectic coming on together with signs of breaking up of lung, Dr. Mahomed considered that a cavity was forming, and feared that the child would develope acute tuberculosis. The patient died a month later from acute tdberculosis, and a large cavity was found in the upper lobe, as well as cheesy masses of lobular pneumonia. Dr. Cayley was fortunate in his case to have had the pleura adherent, for had it not been so, a pneumothorax might have been established by the operation.—Dr. SEDGWICK related the case of his father, who, after an attack of "typhus," suffered from symptoms pointing to a pulmonary abscess, which, after some weeks and much constitutional disturbance, he punctured with a fine trocar, and evacuated a large quantity of fetid pus. In the ensuing winter the same symptoms recurred, and life was prolonged by repeating the same treatment.—Dr. DOUGLAS POWELL said the question of diagnosis lay between a localised empyema communicating with lung, and an excavation at the base of the lung. In a case now under his care the only grounds for coming to a conclusion that it is a localised pyo-pneumothorax are the local bulging and obliteration of intercostal spaces. With Dr. Pollock, he regarded dulness shifting with the position of the patient as pathognomonic of pleural as contrasted with a pulmonary cavity. Accumulation of fluid, and its expectoration in large quantities at intervals, was always in favour of empyema. Often in these cases two kinds of expectoration are met with—(1) continuous from bronchi, and (2) intermittent and copious from the empyema. It was important, surgically, to know whether the abscess was pleural or pulmonary, for if the former, the opening should be as low as possible, and the incision made by a bistoury on a director; but if pulmonary, it would be wiser to tap several interspaces higher than where the signs were most distinct. He agreed with Dr. Pollock in being disinclined to interfere with apex cavities; but the case was different with basic cavities and fetid contents, which may be sucked into the opposite lung and set up broncho-pneumonia there. The old treatment of counter-irritation by means of blistering and savine ointment was very good for profusely secreting apex cavities.—Mr. H. MARSH said the physician should always indicate to the surgeon the spot at which the opening should be made, and he always insisted on this. On purely surgical grounds it was well to make an opening at the most prominent part, and a counter opening below.—Mr. HOWSE pointed out that the great difficulty in these cases was the occurrence of sinuses running in various directions, and often not in the most dependent part, which may be quite out of reach, and it was difficult to determine where to make the second opening. In one case the probe passed in at least three directions, one passing directly backwards to the mediastinum. Then some of the cases are associated with thickened pleura and caseation of inflammatory products, ending in general tubercle. As to tapping in gangrene of lung, Mr. Howse had not yet seen a suitable case. He had lately met with three cases, in each of which the gangrenous material had not separated from the rest of the lung before death.—Dr. GOODHART asked for the significance of fetor in these cases. In Dr. Cayley's case much stress was laid on this fetor, and he thought it was fortunate the cavity had been entered. He had met with extreme fetor of breath in a case of old empyema. If these cases are let alone, do they deteriorate much, and is mere tapping likely to do good?—Mr. GOLDING BIRD always makes a second opening when possible, one above where the bulging is most prominent, and the other at the most dependent part. If unable to do this, he preferred a long free incision.—Mr. MARSH, in reference to risks of injection of empyema cavities communicating into bronchi, mentioned a case where severe spasmodic dyspnœa was produced in the course of washing out an empyema cavity with iodine.—Dr. BRISTOWE said it was clear that the general opinion was that it was difficult to decide between a circumscribed empyema and an abscess at the base of the lung. Nor was it of very great importance to make the diagnosis; in either case the indication was to evacuate the abscess. Some years ago he met with a large abscess, the size of the fœtal head, in the lower lobe of the left lung; it perforated the diaphragm, and eventually opened into the cæcum and rectum. He related an instance showing that too much stress must not be laid upon the presence of elastic tissue in the expectoration as indicative of pulmonary excavation. His own experience had not led him to believe there was much advantage in double openings in empyema, but he thought antiseptic treatment of great value, and cited the case of a lad in whom the lung was completely restored after operation for empyema.—Dr. WILLIAMS and Dr. CAYLEY having replied, the Society adjourned.

THE GENERAL COUNCIL OF MEDICAL EDUCATION & REGISTRATION.

Session 1879.

THURSDAY, MARCH 20TH.

THE Council reassembled at two o'clock, Dr. Acland, the President, in the chair.

The Council at once resolved into Committee for the adjourned consideration of the Medical Act Amendment Bill.

The debate was resumed on the following motion by Mr. MACNAMARA:—"That the following amendments be made in the Lord President's Medical Act (1858) Amendment Bill: (*a*) Clause 15, page 8, line 8, after 'regulating' insert the word 'the curriculum, the fees to be paid for admission to the examinations, and.' (*b*) Clause 15, page 8, line 13, after 'Council' insert the words, 'And it shall be the duty of the General Medical Council to see that the examination rules in each part of the United Kingdom are so framed that the qualifying certificate shall, as nearly as possible, be granted on equal terms, so far as curriculum, fees to be paid for admission to the examinations, and examinations are concerned.'"

Sir D. CORRIGAN said if uniformity did not include the fees it really included nothing. If separate bodies could go into the market and give degrees at their own price there was an end of uniformity, and unless uniformity of fees was absolutely enforced, the sooner the Bill was lost the better. There was one part of the Lord President's amendments which he thought would have a most mischievous bearing—namely, the amendment to Clause 19, "The scheme shall also provide for paying out of the said fees the expenses of the examinations, and of carrying into effect the scheme, and for paying the cost of continuing to maintain under the control of any medical corporation any such medical museum

or medical library, or both, as may, before the passing of this Act, have been ordinarily maintained for general public purposes by such corporations in their capacity of granters of qualifications for registration under the Medical Act, 1858, and have been so maintained out of fees paid by applicants for such qualifications. In his opinion that would completely put an end to any further improvement in medical science.

Dr. HALDANE said he was inclined to support the motion, because he thought the fees ought to be the same in each division of the kingdom. If one department for some reason or other fixed the fees lower than they were in the other divisions of the kingdom, it would very likely be charged with endeavouring to undersell the others. Therefore, although he could see some practical difficulties as to the way in which the funds should be divided, he thought that in principle Mr. Macnamara was quite correct.

Mr. MACNAMARA, in reply, said that yesterday Sir W. Gull, in that charming manner which he had of sugaring his most unpleasant pills, made the most disparaging insinuations about the medical authorities in Ireland. It might be that in this case suspicion haunted the guilty mind, but he could assure Sir W. Gull that the provisions of the charters under which the Irish authorities acted were so stringent that not one penny could be devoted to any other than the public purposes of the corporations. The museum and library of the College of Surgeons in Ireland had been spoken of as though they were nothing more than Mudie's library and Kahn's museum, but the fact was that the curator of the Royal College of Surgeons in England entertained a very high opinion of the library and museum of the College of Surgeons of Ireland. That College had lately spent £10,000 in enlarging their museum. So rich was their pathological museum in very remarkable specimens, that on a recent occasion, when Mr. Holmes gave his lectures on Aneurism before the English College of Surgeons, the College of Surgeons in Ireland was only too happy to be able to send him specimens which were not to be found in the museum of the English College. The average expenditure on the library was £360 a year, and on the museum £450 a year. He therefore thought it was most essential that the question of fees should be definitely fixed.

The motion was then put and carried, fifteen voting for it, one against it, and eight members of the Council abstaining from voting.

Mr. MACNAMARA had given notice of motion—"That the following amendments be made in the Lord President's Medical Act (1858) Amendment Bill:—(*a*) Clause 19, page 12, line 9, omit 'or,' and insert after 'libraries' the words 'or lectureships as are.' (*b*) Clause 19, page 12, line 10, omit 'of,' and after 'or' insert the words 'towards the public purposes of any of the medical authorities, or towards.'" These points had, however, he said, been incorporated in the Lord President's amendments, and therefore he would withdraw his motion.

Dr. HAUGHTON then moved—"That in the opinion of the General Medical Council, Clause 27 of the Lord President's present Bill gives to the Medical Council too wide and undefined authority to delegate its powers to other bodies, and even persons, with respect to the framing of examination rules, and that it is absolutely necessary that this provision should be very clearly limited and defined." He said he had the authority of distinguished lawyers for saying that the powers of delegation given in Clause 27 were unprecedented in an Act of Parliament. It permitted the Council to delegate their powers to "any person consenting thereto," even to their cook. Supposing the Council thought fit to delegate to Mr. Macnamara and himself the duty of framing a conjoint scheme for Ireland, they might return home, and acting upon the give and take system as between their own bodies, bring back a scheme so skilfully drawn that the Council could not refuse to sanction it, and yet it might inflict the greatest possible injustice on other bodies just as respectable as those which they themselves represented. He thought that the clause in the Bill was very much due to a suicidal resolution passed by the Council last year, declining to undertake the grave responsibilities thrown upon them by the Bill of that year. He was quite prepared to recognise the great difficulty that the Council would experience if it were called upon to provide examination rules and curricula for each department of the kingdom. A large majority of the members of the Council were thoroughly imbued with English ideas, and they might immediately proceed to manufacture an excellent boot which would fit the English foot, but which would not be at all adapted to the Irish or Scotch foot. He entirely approved of the principle of the clause, that the General Medical Council should have the power of delegating to local bodies the power of initiating a scheme, but he protested against the power to delegate the duty to any person who consented to act for them. In its present form it was an unconstitutional enactment. The person to whom the power was delegated need not be a medical man, or even a man at all; he might be a woman. (Laughter.) Fancy Miss Jex Blake having the power delegated to her. Why, the Council would have to marry her to get rid of her. (Laughter.) It was perfectly absurd to suppose that either House of Parliament would ever give the Medical Council the power of delegating to an individual, who need not be a competent person, the framing of the examination rules. Of course, the Council retained a check upon what was done because it was subject to their approval, but he thought it would produce a great amount of ill-feeling, dissatisfaction, and discontent if the Council delegated to a single individual or to a single authority the duty of framing a scheme. His own view was that it should be limited to the Branch Councils or their representatives, but his motion merely called the attention of the Lord President to the fact that the powers were too large and indefinite.

Mr. SIMON seconded the motion, because he entirely agreed that if the clause had anything like the effect that Dr. Haughton imagined it ought to be altered. Still, he thought it gave no power which the Council did not already possess.

Dr. STORRAR objected to the motion because it did not state in what respect the power was too wide and indefinite.

Sir W. GULL said he did not see why the Council need be so much afraid of their own actions.

The PRESIDENT said that he had an interview with the Government draughtsman yesterday, and the question asked him was, "Why are the Council so afraid that they will do wrong?" If the Council wished to be deprived of the power, he supposed the Legislature would have no objection to withhold it from them.

Mr. TURNER said the clause was purely permissive. The Council was not compelled to delegate its powers; if it did so, it would only be to competent persons.

Sir D. CORRIGAN objected to such enormous delegating powers being given to the General Medical Council and to the Executive Committee.

Dr. HAUGHTON said he desired to add to his motion (at the suggestion of Mr. Simon) the words "Or the Clause 27, from line 25 to 32 inclusive, be omitted."

Dr. ROLLESTON said the Council was thoroughly guarded, and would have to act upon its own responsibility.

Dr. HUMPHRY drew attention to Clause 15, subclause 5, requiring the Medical Council to cause to be framed examination rules under the Act, and asked whether the Council could delegate to the Branch Councils, or other persons, that part of its duty. He did not see why the Council should not be able to delegate its powers in any way it pleased. Of course the rules when drawn up would be submitted to the Council for approval.

Dr. QUAIN could see no reason why the Council should refuse to accept the power of delegation given to it by Parliament.

Mr. OUVRY said he had reason to believe that Lord Emly's amendment to strike out the clause under discussion would be accepted by the Government.

Dr. HAUGHTON having replied, the motion was put and negatived. The votes were 7 for and 12 against.

Dr. HUMPHRY moved,—"That in order that the examination of midwives may be efficiently conducted, it is desirable that the scheme for such examination be framed by some central authority; and that, having been submitted to and approved by the Privy Council, it be carried into effect by such local authorities or persons throughout the kingdom, and in such manner, as the Government may direct." His proposal, he said, would lighten the labour of the Council instead of increasing it. It would be better that the Council should frame or adopt a scheme of its own, and then lay it before the public, than to ask the public to send in schemes from different quarters. He also thought it would be better that the Government should direct the authority in each part of the country, to whom the duty of carrying out the scheme should be delegated. The work should be done in a regular and systematic manner.

The motion was put, and carried by a majority of 11 against 4.

On the motion of Dr. HUMPHRY, seconded by Dr. A. WOOD, it was resolved—"That, with reference to Section 7 of Clause 25 of the Lord President's Medical Act (1858) Amendment Bill, the Council maintains the opinion expressed last year on the same subject, that the duty of prosecuting under this section should devolve upon the local authorities."

Mr. TURNER said that in the original Medical Act Amendment Bill, Clause 46 gave the Council power to dispense with the provisions of the Act in favour of medical students who had commenced their professional studies before the passing of the Act. The clause of the present Bill, however, simply provided for the admission of students "on special terms," but did not give a distinct power of dispensation to the Council.

Mr. OUVRY said he thought that the words "on special terms" included the power of dispensation.

Mr. TURNER asked Mr. Ouvry's opinion as to whether the words in Clause 24, imposing a penalty on a person taking the designation of a diploma which he did not possess, applied to registered as well as unregistered persons.

Mr. OUVRY said his opinion was that it applied to unregistered persons only. Such an offence by a registered practitioner would not be under that clause.

Dr. HUMPHRY called attention to the fact that under the Bill the payment of expenses connected with the registration of midwives would be optional with the local authorities, and proposed a resolution to the effect that such expenses should be defrayed by the local authorities throughout the country.

Mr. OUVRY called attention to the words in Section 24, stating that a person registered in the Dentists' Register under the Dentists Act of 1878 might use the designation of dentist or licentiate in dentistry, or certified dentist. Under the Dentists Act a dentist could call himself a dental-surgeon, or surgeon-dentist; but that was not one of the titles specified in the present clause which a dentist might take. There appeared to be an opposition between the two Acts. The question was whether the clause to which he referred might be taken by implication to repeal the provision of the Dentists Act.

Dr. HUMPHRY's motion was put and carried.

The Council then resumed, and the report of the Committee was brought up for confirmation.

Sir JAMES PAGET moved that the resolution with reference to the registration of colonial subjects and foreigners be not confirmed. He said he regretted to have to propose anything that might lead to a reversal of an opinion expressed the day before by the Council, yet he thought that the matter was deserving reconsideration, and he had himself arrived at the conclusion that the resolution that had been passed in committee ought not to be confirmed. The question was one of national importance, and he thought they ought not to recommend the Government to allow it to be practically settled by any one of the authorities in England acting separately from the rest. There was a right of appeal to the Medical Council, but in the resolution of last year there was an appeal to the Privy Council, and he thought that no authority less than that of the Privy Council would be deemed sufficient to sanction so considerable a matter as the terms on which colonial or foreign practitioners might be admitted to practise in England. But supposing that were granted they would no doubt look for some degree of reciprocity abroad, so that Englishmen might be admitted to practise in foreign countries upon terms similar to those on which foreigners were admitted to practise in this country. They were admitted to practise here on joining any of the English corporations. If Germany admitted Englishmen to her universities that conferred upon them no right to practise, therefore they would be offering foreigners so small a privilege that they could not claim in turn for Englishmen that they, with a similar privilege, should have the right of practising in foreign countries. It was a very serious matter to determine who should be admitted to practise without giving proof that they had passed an examination of equal gravity with those which Englishmen were required to pass. What test could be applied to foreign and colonial examinations? It might be said that they could get the questions, and see the curriculum of education; but those would be of very little use unless they had the answers that were given, and knew what percentage of the double number of marks was required. The best that could be done to ascertain the value of a diploma granted abroad would be to get a confidential communication from responsible persons on the spot, and that could not be done by any one of the corporations in this country. The only persons from whom such information could be obtained were those to whom no body less than the General Medical Council could safely go—namely, the foreign ministers or consuls or officers scattered abroad from the Foreign Office. To obtain such information it would be necessary to go to no less an authority than the Colonial or Foreign Office, and that could not be done with less influence than would be exercised by the Medical Council itself. And when the information was obtained it would have to be tested with scrupulous care, and that by a body like the Medical Council, without the imputation of a desire to add members to its list, and free from all suspicion of personal interest or advantage. Their security was, first, to exercise a strict scrutiny and determination who should be admitted, and after that scrutiny the persons admitted should be registered in their own separate Register, where they would be expressly looked for by their own countrymen.

Sir WILLIAM GULL seconded the motion.

Dr. ROLLESTON asked the President if he could state to the Council what steps had been taken in the French Chambers with regard to the admission of foreigners to practise in France without being subjected to French examinations.

The PRESIDENT said that to the best of his belief there were at present no new restrictions.

Mr. TURNER said he had been informed that though M. Marvaise's Bill had not yet become law, it was being acted upon as though it had become law. Dr. Allen Thomson's nephew was in the habit of resorting to Algiers during the winter on account of his health, and he found that before he was allowed to practise there he had to take the lowest grade of an officer of health after examination; so that it would seem that even at the present time the French put great restrictions on the practice of foreigners.

Dr. HAUGHTON said he should vote against Sir James Paget's proposal to reverse the well-considered decision of the Committee. Two gentlemen, graduates in arts, medicine, and surgery, of Trinity College, Dublin, went to South America; one was now practising at Valparaiso, and the other at Buenos Ayres, but before they could do so they had to undergo the degradation of passing the lowest form of examination. He objected to giving reciprocity to countries that were capable of treating Irish graduates in that way.

Dr. HUMPHRY said the meaning of Dr. Quain's resolution appeared to be that the case of a colonial or foreign practitioner would first be brought before the Medical Council, who would investigate the matter, and express their opinion whether the claims were sufficient. If they considered that he should be admitted to the Register, they would publish a statement to that effect, which would be referred to one or more medical authorities.

Dr. QUAIN.—You are quite wrong; that is not it at all.

Dr. HUMPHRY said that if that was not the meaning, he supposed the person would first apply to an authority; that authority would investigate the claim and report to the Medical Council that they thought the case a fit one for registration, and then they would give him a diploma. He thought it very important that the Register should point out who had passed a recognised examination in England, and who had not. Under Dr. Quain's motion there would be no means whatever of distinguishing those persons who had gone through an English examination from those who had not done so, and thus the colonial practitioners would have a higher privilege than under the terms of the Act. He did not think that that was what the Council desired. Another curious point was that the first step must be taken by an authority, but if a gentleman went the round of all the different bodies, and they would not have him, what was to become of him?

Dr. QUAIN.—He will be obliged to go home.

Dr. HUMPHRY said he considered that if Dr. Quain's motion was carried out, it would act unjustly to English practitioners, and in fact the clause would be unworkable.

Dr. ROLLESTON asked the President if the English Government was at the present time engaged in negotiations with the French Government on the basis of the Bill?

Mr. SIMON said when the decision was arrived at yesterday, he reproached himself because he had not explained as fully as he perhaps ought to have done the considerations which on two occasions in 1877 and 1878 led the committee of which he had the honour to be the chairman to make the recommendations to the Council which the Council accepted

and reported to the Lord President. The grounds which he omitted to state yesterday, because he took for granted that they were familiar to all members of the Council, had been exhaustively stated by Sir James Paget and Dr. Humphry, and he felt persuaded that the Council would now see that the resolutions which they submitted to the Lord President in 1877 and 1878 were right. There was one other consideration which he felt bound to submit to the Council. It was now half-past five, and as the House of Lords met at five o'clock, it was probable that the Lord President of the Council had proposed in the House of Lords modifications of his Bill based on the recommendations which the General Medical Council had submitted to him. The Council must feel that it would be very strange if after taking that course the Lord President to-morrow morning should receive from the Council an intimation that they had entirely changed their opinion.

Mr. MACNAMARA said he did not vote on the motion in committee, but he did intend to vote upon it now, and therefore it was only due to himself to state why he should do so. He could not understand how any member of the Council could support a proposition whereby, without examination, a colonial practitioner could come over here and be put on the Medical Register. The Council had spent a great deal of time in trying to establish an efficient system of examination of practitioners in this country, and now it would appear that they were blowing hot and cold at the same time. He was thoroughly convinced by the arguments of Sir James Paget and Dr. Humphry, and therefore he intended to vote for Sir James Paget's motion.

Dr. STORRAR said in recent numbers of *The Times* a discussion had been going on about the importation of Swiss watches. It appeared that Swiss manufacturers sent their watches over to this country, and then got English marks put upon them, and sold them as English watches. He thought that this was analogous to what was being proposed to be done by Dr. Quain's motion. A gentleman educated in the colonies or on the continent would come to a British medical authority, and that authority would put their mark upon him, and he would be registered without examination.

Dr. QUAIN said his object was to bring foreign practitioners under the control of bodies in the United Kingdom, who would not admit them unless they were perfectly satisfied that they had had a good education, were men of good character, and had undergone a course of study and examination equal to that which they would have undergone in this country. Sir James Paget had asked how the corporations were to perform that duty; but the gentleman making the application would have to produce the evidence, and if his university or corporation felt an interest in him they would be only too glad to afford the necessary information. He had been more than sixteen years on the Council, and he had never known a discussion like the present, where a committee, after two hours' discussion, had decided by a majority of nearly two to one in favour of a resolution, and then the whole question was reopened in Council.

The PRESIDENT, in answer to Dr. Rolleston's question, said the argument advanced in France was that foreign countries, almost without exception, required an examination of foreign practitioners before they were registered, and, therefore, France ought to do the same. Nine years ago Lord Ripon drew up a clause on the recommendation of the Council, and last year the Duke of Richmond did the same, admitting the principle that the supreme Council of Medical Education in Great Britain was willing to take the trouble to go into the questions of registration of colonial and foreign practitioners and adjudicate upon them. In reply to a letter which he had received from Lord Lyons he had sent him off a dozen copies of the conclusions to which the Council had arrived.

Sir WM. GULL said the important question to consider was, was it fair to the practitioners of this country, for whom the Council were making all sorts of regulations, so that no man might be put on the Register without examination, to admit foreigners to registration without examination. The clause in the Act in regard to colonial and foreign practitioners was very strict. A foreigner must have been practising ten years, and have a diploma satisfactory to the General Medical Council, and a colonial practitioner must have such a recognised diploma or diplomas as the Council required, and then their names would be placed in a separate register. The machinery which Dr. Quain proposed was a very roundabout affair.

Dr. HALDANE said he was satisfied that he had acted wrongly yesterday when he supported Dr. Quain's motion.

Dr. LEET also said that he should give his vote against Dr. Quain's motion, although he had voted for it in committee.

Sir James Paget's motion was then put and carried, 11 voting for it and 7 against it.

The Council then adjourned.

FRIDAY, MARCH 21ST.

The PRESIDENT informed the Council that the Lord President's Bill had passed through the House of Lords with the adoption of certain amendments.

The further resolutions passed in committee in regard to the Lord President's Bill were brought up for consideration and confirmation.

Dr. HAUGHTON moved, "That in the resolution in regard to the qualifying surgeons, the words 'as nearly as possible' be omitted."

Dr. LEET seconded the motion.

Dr. A. WOOD, in opposing the motion, objected to laying down a hard-and-fast line, and said that there might be circumstances which would render little differences necessary or expedient.

Sir D. CORRIGAN, in supporting the motion, said that if the words were retained they might lead to serious differences, and might be interpreted too widely.

After a brief discussion the motion was put, and 10 members voted for it and 10 against; it was accordingly declared not carried.

The other resolutions passed in committee were confirmed by the Council.

Mr. SIMON proposed,—"That the Council submit to the Lord President that the parts of the Bill which relate to the purpose of keeping the medical profession free from persons whose moral character would disgrace it require, in the opinion of the Council, to be strengthened by additions to the following effect: (*a*) In connexion with Clauses 12–14, to provide that the Medical Council may refuse registration to an applicant for any reason which, if he were already registered, would entitle the Council to erase his name from the Register, and that, for continuing the exercise of this power at times when the Council is not sitting, any Branch Council, or any committee which a Branch Council authorises to act for it for this purpose, may, subject to appeal to the Privy Council, provisionally withhold registration. (*b*) In connexion with Clause 5, to provide that in any case where a corporation refuses to 'attach' any person applying to be attached, and states its refusal in writing, it may, if it see fit, state in the same document the reason of its refusal, and may further, if it sees fit, furnish a copy of the document to each of the local registrars under the Act." He explained that a man might go with a qualifying certificate to a corporate body and ask to be enrolled, and that body, knowing that he was dishonest or immoral, or perhaps a felon, might refuse. The man could then go to the Medical Council and claim to be registered, and they could not refuse him. He maintained that the Council ought to have the power of refusal in cases where the man's conduct was such as to entitle it to strike a practitioner off the Register if his name were on it.

Sir D. CORRIGAN opposed the motion, on the ground that it might lead to a man's being condemned unheard.

After some remarks from Dr. Rolleston and Sir William Gull,

Sir JAMES PAGET said that, according to the clause as it stood, the corporations, by refusing to admit an applicant, conferred upon him an absolute and unalterable title to be registered by the Council. It might be said that the Council could strike a man off the Register after he had been put on, but he should be sorry for the Council to be placed in the inconvenient position of having to go to the Court of Queen's Bench and say, "Last January we registered this person as fit to be a practitioner, and now, in March, we ask permission to remove him."

Dr. QUAIN said that Sir James Paget had clearly put the point which he (Dr. Quain) had endeavoured to put a few days ago—that a man might be registered in spite of his being a very unprofessional character. The result of Clause 5 would be that the Council would lose all control over unprofessional conduct.

Mr. SIMON having briefly replied, his resolutions were put and carried.

Dr. A. WOOD proposed, "That, seeing that Her Majesty's Government have resolved to refer to a select committee of the House of Commons the question of the constitution and working of the Medical Council, as one of importance and difficulty, it seems expedient that the other questions connected with medical reform, some of which are no less important and difficult than that of the constitution and working of the Medical Council, and in regard to which much diversity of opinion exists, should also be referred to the same select committee, for investigation and report, previously to further medical legislation." It had been said that the question had been settled again and again by the Medical Council by large majorities, but those majorities had not always been maintained. Last year, for instance, instead of there being an immense majority in favour of the views expressed by Sir William Gull, the majority was only 14 to 10. Sir William Gull had made an attack on the body which he (Dr. Wood) represented by treating with ignominy a petition emanating from that body and objecting to the Lord President's Bill being allowed to pass until it had been referred to a select committee. He wished to remind Sir William Gull that the College of Physicians of Edinburgh was the oldest chartered institution in the country, dating from the time of James IV. of Scotland, who was slain on the field of Flodden. He supposed that Sir William Gull now wanted to re-enact Flodden and annihilate the Scotch, who, indeed, had met with but scurvy treatment from the English (laughter). However, they were not to be put down in endeavouring to assert their rights. Out of nineteen licensing bodies, eight were in favour of deferring legislation. He maintained that medical legislation could not be carried out upon the lines laid down without further inquiry. There had been already many Bills proposed, and there were even amendments to the Bill of the Lord President. The Duke of Richmond thought that the question of the constitution and working of the Medical Council was a question too difficult to be settled without inquiry before a select committee, and he (Dr. Wood) maintained that there were other medical subjects quite as difficult and as important, and as much needing careful investigation. When the universities were reformed, a commission had been appointed, and the same course had been adopted in the case of other reforms. When the Medical Act itself was brought forward, a select committee of the House of Commons was appointed, and he maintained that without inquiry before such a tribunal, present medical legislation could not be satisfactory. If an inquiry took place, it would be found that the education and examination of medical men had vastly improved of late years. If they read the medical journals, which were always indulging in virulent tirades against the corporations and against the Medical Council, they might imagine that little or no advance had been made in education and examination, owing, first, to the downward competition between licensing bodies, and, secondly, to the fact that the Medical Council had not done its duty in preventing that competition. That was a matter that ought to be inquired into before a select committee. Such a committee would ascertain whether or not education and examination had improved, and whether the Medical Council had or had not done its duty. Until that was done, they were not in a condition to decide whether there ought to be Conjoint Boards and all that sort of paraphernalia, whether there ought to be a reform of the Medical Council, or whether they could not do without any legislation at all or with much milder legislation than had been proposed. An inquiry by the Medical Council would not satisfy the various bodies. The tribunal by which the inquiry should be conducted ought to be an independent and impartial one, possessing authority to send for witnesses and papers and to go into the whole matter most thoroughly, and that was what a select committee of the House of Commons could do. Some of the licensing bodies had been willing enough to make a great sacrifice, but was it certain that the compensation they were to get for the sacrifice was an adequate one? Of course the sacrifice must be made if the public should require it—*salus populi suprema lex*. But they ought to make certain by inquiry whether the sacrifice was really required. Since he had come to London he had discovered that there was even more cause than he had thought for inquiry, for he had ascertained that the different bodies were to be handed over, neck and crop, to the Medical Council, that the Council was to frame the rules of education and examination, and that constantly all parts of the kingdom were to be under its control. If it could be shown that the different bodies were untrustworthy, and that sacrifices must be made for the public good, of course they must bow to the inevitable, but as long as there was a chance of staving off a great calamity, he should not be doing his duty either to his own convictions or to the body which he represented if he did not do everything in his power to prevent hasty legislation. It should be borne in mind that the Bill proposed to interfere with the corporations in a new way. Under the Medical Act of 1858 all that the Council was empowered to do was to regulate the minimum amount of knowledge, but now the Council would have to take under its control the higher qualifications of the licensing bodies. The only *raison d'être* of the Medical Council was to see that no men were sent into practice who were not qualified up to a minimum point. It might be said that there had been already inquiry enough. The Duke of Richmond himself had inquired, but how? Deputation after deputation had waited upon him, and the last comer always seemed to get the advantage. He had reason to believe that there had been a great many secret audiences by influential persons who had access to the Duke, and that his Grace had proved (to use an epithet long ago employed by Mr. Wakley, the distinguished editor of THE LANCET) extremely "squeezable." Allusion had been made to blasts from the north, which perhaps were sometimes very rude, though they were often bracing. But how about the gentle whisperings from the south, making no noise, entering the crevices of the Government ear, and perhaps loaded with poisonous miasma very hurtful to the body politic? He honestly confessed that he had been a good deal disappointed at the course taken by the Duke of Richmond. He (Dr. Wood) had always been a strong Conservative, and he rejoiced exceedingly to think that there had been a strong Government. Now, alas! he was obliged to mourn that the Government was so strong that they might probably push the Bill through in spite of him. (Laughter.) That was a very painful condition for a Conservative to be reduced to. There was another part of the Bill to which he would allude for a moment—Clause 5. Last year an endeavour was made to remove the names of all the licences of the corporations from the Register; and the Council agreed by a large majority, on a motion made by himself, to recommend that something should be done in the way of legislation so as to connect the bodies still with the Register. The Duke of Richmond had given them a kind of soothing syrup in requiring the candidates to go to the different bodies, and, without any examination, to receive three or four letters which they might add to their names. He thought that a transparent sham, for the letters really signified nothing. He believed the object of the Bill had been to a very great extent to prepare for the admission of women to the profession, but now the women would not have it, and Miss Jex Blake had written a letter in which she said that the women were being treated with indignity, and if a change was not made in the Bill she for one thought a committee should be appointed to inquire into the matter before any legislation took place upon it. Sundry objections to it were coming from all quarters, and cropping up more and more every day. The Council might depend upon it that when the Bill reached the House of Commons, which it was pretty sure to do, a number of extraordinary amendments would be proposed. He did not believe that the country would suffer if there was no legislation, or that the profession would suffer, but if they were now so far committed that they must have a Medical Bill of some kind or other, he would say that it should be something which would be efficient, while at the same time it preserved to the corporations and the universities a large measure of autonomy. He thought Mr. Errington's Bill was an excellent one. It provided that no man should be put upon the Register who had not a complete qualification in medicine and surgery, and that after being put upon the Register he should not obtain a public appointment without first undergoing a State examination. That would permit an immense amount of reform without dislocating all existing interests. But he was prepared to go a step further rather than have the Bill as it at present stood. He would go in for a State examination by an independent board, which should examine, not in the whole course of medicine, surgery, and midwifery, but in practical branches, and that every man before being appointed to a public institution should have the State stamp put upon him. That would preserve the identity of the corporations and universities, and the result would be that the

various bodies would be extremely careful about passing any individuals who they were afraid might be rejected at the State examination. Another thing which he wished a select committee to inquire into was the peculiar circumstances in which Scotland was placed. It would not do to put England, Scotland, and Ireland on a bed of Procrustes, and cut off the legs to suit the bed. They must legislate for each division of the kingdom according to its peculiar circumstances; and if a select committee were appointed the representatives of Scotland would be prepared to show that there were peculiar circumstances which required that certain modifications in legislation should take place with regard to Scotland. Some people had stated that the present legislation was brought about because the Scotch bodies passed men into the profession who ought not to be passed. Let a select committee, then, make every inquiry into the matter. It would not do to disparage Scotland. England might be a very superior country; but he thought that Scotland had sometimes helped the progress of medical science. Where would the Hunterian Museum be but for Scotland? Where would the great improvements in obstetric art be but for William Hunter? Where would pathology in England be but for Matthew Baillie, who was the founder of pathological investigation in this country? Where would the brilliant discoveries in regard to the nervous system be but for Sir Charles Bell? England, too, had sometimes to apply to Scotland to get good teachers—Lister and Syme and Dr. Matthews Duncan, who was an honour to his profession. In the House of Commons Lord George Hamilton objected to the appointment of a committee, and the reason he alleged was that it would cause delay; but that was no real reason for denying an inquiry which was felt to be necessary by a great many of those who were interested in the matter. What was the delay compared with the risk of passing a measure of the effects of which none could form a calculation? However strong the present Government might be, now that the Bill was opposed it could only be taken at an early part in the evening; and it would be better for all concerned that there should be the inquiry which he wished for. It would be better for those who advocated the Bill, for it would enable them to justify what they were doing. It would be better for those who were opposed to the Bill, because it would enable them to show whether their opposition was well founded. It would be better for the licensing bodies, eight of whom at least would not be content without it; and he had no doubt that other bodies would not be sorry if there was an inquiry. Were the members of the Council afraid of the inquiry? Were they afraid that it would be proved before the select committee that they were going too far? The opponents of the Bill were not afraid, but were quite ready, to take their trial before the committee, and have everything laid bare. The pear was not yet ripe; and it was an unpleasant thing to eat an unripe pear; it was very apt to produce discontent, rumbling, and pain; and if a Bill was passed without previous inquiry he was certain there would be a continual feeling of injustice and discontent among the profession. If the inquiry were granted, and the committee decided upon a Bill, then it would be disloyal if those who had been heard before the committee did anything to impede the progress of the Bill. In conclusion he said he had stated honestly what he thought; and he hoped that the Council would give their votes according to what they considered the justice of the case.

The motion was seconded by Dr. SCOTT ORR.

Dr. HUMPHRY moved as an amendment—"That the subjects regarding which legislation is proposed by the Lord President's Bill, now before Parliament, have been long and sufficiently discussed, and that the continued uncertainty respecting legislation upon them retards the improvement of medical education, and is detrimental to the interests of the profession and the public, and the Council trusts that the Lord President's Bill, with such alterations as have or may be suggested by the Council, will be passed during the present session of Parliament; and the Council is of opinion that the reference of the Bill to a select committee of the House of Commons is not necessary." He said he certainly would not attempt to disparage that Scotland which had sent Hunter and Baillie and others to England; but when Dr. Wood asked where would surgery and midwifery be in England if it had not been for Scotland, he would ask Dr. Wood where Hunter and Baillie, and many others, would have been if it had not been for England? Dr. Wood had spoken about hasty legislation, but at the same time had referred to the enormous amount of consideration which the subject had had, and the number of times that it had been brought before the Council and before Parliament. Surely the subject had been threshed out and in until there was nothing remaining to be threshed out of it. A year ago, when a Bill was brought in by the Lord President, Dr. Wood was prepared at once to support it; but if legislation was hasty now, surely it must have been far more hasty then. The real reason for the opposition, however, was that legislation had been a little too much prolonged, until it had taken a direction which was unfavourable to the views of Dr. Wood. A great many of Dr. Wood's arguments, therefore, fell to the ground at once, because they did not seem to have been held by him a year ago. It was clear that the licensing examinations by the nineteen different bodies could no longer be continued, and the question to be solved was how one examination for each division of the kingdom could be instituted without doing more injury than was necessary to the several bodies by which these examinations had been hitherto maintained. He thought even Dr. Wood must perceive that each Bill which had attempted to solve the problem had tended still further to place the examining power in some one central authority, and remove it more and more from the separate authorities. The Council felt that, as far as possible, there should be uniformity in examination, while at the same time the beneficial influence of the public authorities should be retained. The object of the present Bill was to attain that result in the way which the Council had approved of. They had been considering the clauses of the Lord President's Bill, assenting to them, and suggesting certain alterations, and apparently they had been very united upon the subject, yet now at the close of their deliberations they were asked to agree to the appointment of a select committee to inquire into the whole matter, as if it had not been sufficiently considered and discussed already. It was said that in Scotland it was a very difficult thing to unite the bodies in one examination; but why should it be more difficult there than in England? The position was almost entirely the same, and he could not understand why they could not combine and form a Conjoint Board, as had been done in England. Dr. Wood said that the pear was not ripe, but he appeared to have regarded it as ripe a year ago, and it must have undergone a singular process of unripening. Allusion had been made to what took place in the House of Lords last night, but the allusion then made referred simply to the power of framing rules and regulations for examinations, and did not affect the power of the several bodies to form a scheme.

In answer to Dr. QUAIN,

Dr. HUMPHRY said, if the Bill passed in its altered form the several authorities in each division of the kingdom would have to form a scheme; and when they had done that it would devolve upon the General Council to make the rules and regulations for the examinations. The candidates having passed the examination would then present themselves to the licensing bodies.

Sir WM. GULL seconded Dr. Humphry's amendment. He said Dr. Wood's motion simply meant that the Council were now to go to the Government and say, "Do not consider anything that we have done during the last two sessions, but have a committee of the House of Commons to inquire into the whole matter." It would be a very wonderful thing if the Council approved of that. He was not insensible to the difficulty that was experienced in Scotland; but difficulties were to be met with in all legislation, and must be overcome. He had no doubt that in Scotland the work was very well done, but the question was whether it would not be better done if there was a Conjoint Board there, and one of the objects of the conjoint examination was to leave the universities free to develop their own course of medical science, education, and instruction, without hindrance. Dr. Wood had said that the College of Surgeons of Edinburgh was the oldest college in the country; but no argument was so bad as that of mere age. An American visiting St. Paul's-churchyard, and being told that the statue there dated from the year 1726, said, "That would not do in my country; we should want a statue of yesterday." In all matters of authority old institutions should be listened to; in all matters of knowledge and science new institutions should be listened to. In matters of science recent books should be referred to; in matters of authority, older books. Nothing would be more dangerous than to permit the House

of Commons to legislate for the medical profession. That House did not understand the question in the least, and he intended later on to propose that the constitution of the Medical Council should depend upon itself. What was the General Medical Council constituted for if not for the advancement of the medical profession, for its due registration, and for advising the Government on all points connected with it? The proposal now was that they should voluntarily abdicate their duties, though they had not been asked to do so. The Council had gone through the clauses of the Bill very carefully, and Government had modified the Bill in accordance with the wishes of the Council. He therefore trusted that there would be a very large majority against the motion.

Sir D. CORRIGAN said that he should vote in favour of an inquiry. What the result of it would be he did not know; but when a man asked for an inquiry he only asked for what was fair and reasonable, and it was one-sided to refuse the request. Sir Wm. Gull had said that as the matter had been under consideration for two years it was now in a fit state for legislation; but political reform and church reform were discussed for many years before Parliament took action upon them. It would be unfair to trust entirely to the representations of deputations; and the only true mode of arriving at the facts was by public inquiry before a select committee of the House of Commons. The Council had now been in existence upwards of twenty years, and during that time had been entrusted with power to examine into the various examinations of the different universities and corporations. There was not in any of the reports a single proof that any university or corporation had conducted its examinations or its education improperly. The Council could not lay their hands on a single sentence in all the reports which said that a university had been deficient, or was going back instead of going forward. He thought that Mr. Errington's Bill was a better one than the Lord President's. It provided for the extension to the public at large of the same privileges as those which were now extended to soldiers and sailors—namely, that practitioners appointed to public institutions should be examined by a medical board of the Civil Service. That would leave all corporations and universities in possession of their own privileges. He knew as a fact that the Bill would at the present time have more support from the colleges and corporations than it had ever before received. Dr. Humphry had said that the Council were united, but the divisions had generally been eleven or twelve on the one side, eight on the other, and four or five not voting.

Mr. SIMON said there must be something like loyalty to the deliberate decisions of the Council. If they were to get on with their business at all, they must recognise certain points of finality, and within reasonable limits minorities must accept the decisions of majorities. When a course of policy had been repeatedly affirmed, the decision must be accepted if business was to be carried on at all. After the question of the conjoint boards had been settled, it should not be opened again and again, and treated as if it were unsettled and unconsidered. He supported the amendment because on these questions the Medical Council had already had their say. The body which Dr. Andrew Wood represented had a memorial in the House of Lords asking for a committee. He had not a word to say against that, but he protested against a vote being taken upon it in the Council. What security was there that, if a select committee were granted this year, the dissentients from the Bill would accept the decision of the committee?

Dr. SCOTT ORR said he considered that the Bill certainly required to be submitted to a select committee, because the interests of the profession, at all events in Scotland, would not, in his opinion, be benefited by its passing. The subject had been too much looked at from an English point of view. The Council was overweighted on the side of England against Scotland and Ireland. In the columns of the leading metropolitan paper, about a fortnight ago, a very ungenerous statement appeared—that candidates were allowed to pass too easily in other parts of the kingdom. He emphatically denied that so far as Scotland was concerned. If he were not very much mistaken, the first thoroughly efficient clinical teaching was instituted in Edinburgh, and to most of the medical chairs in the University there were attached valuable museums. If there were any rivalry between Glasgow and Edinburgh, it was an honest one, and was in the direction of improving medical teaching. It had been argued that the increasing number of rejections proved that candidates were under-educated, but he believed that the explanation was to be found in the fact that the examination tests were now so severe that they taxed the intelligence of the students to the very utmost. Scotland was doing all she could to elevate medical education, and not allow candidates to slip through easily. A large number of the rejected candidates in that country had not been educated there, but in other parts of the kingdom. He could not see what benefit would arise from the establishment of Conjoint Boards. He noticed in the English Conjoint Scheme that the estimated number of students to be examined was between 900 and 1000. The Board would therefore have to be subdivided, and then what would become of the uniformity! It would, in his opinion, be much better to leave the medical authorities as at present constituted to examine and to license. The difficulty of framing a Conjoint Scheme for Scotland would be ten times greater than in England. The English universities would not participate in the conjoint examination, nor receive any fees for it. In Scotland, however, there were three, if not four, teaching, licensing universities, and how could they be brought into a Conjoint Scheme? The English bodies, again, were concentrated in London, but in Scotland the schools were in different parts of the country, so that either the examiners must travel from one part to another, or the students must come up to the Conjoint Board. That would entail great expense, and who was to bear that expense? Surely not the students, who were already overweighted. On the whole he could not conceive what advantage was to be obtained by a Conjoint Board, and if such a board were established it would unquestionably have a lowering tendency and prevent students from going to the universities for degrees. What was now required was, not the opinion of a select committee upon the Bill, but the taking of evidence as a court of law would in a case where the parties differed so much as the members of the Council did.

On the motion of Mr. MACNAMARA the debate was then adjourned.

The following motion was also agreed to:—"That it be referred to the following representatives on the Council of the several authorities which propose giving licences in dentistry to consider the curricula proposed by those bodies, and to report thereon to the Council: Sir James Paget, Dr. A. Wood, Dr. Scott Orr, and Mr. Macnamara."

The Council then adjourned.

SATURDAY, MARCH 22ND.

The President, Dr. Acland, took the chair at one o'clock.

Mr. MACNAMARA asked the President whether there was in the Lord President's Bill any provision that a candidate for the Lic. M.S.M., who had been previously convicted for petty larceny, should be prevented from obtaining such licence, or from being examined for it.

The PRESIDENT stated that, in the opinion of the solicitor of the Council, "there is nothing in the Lord President's Bill 'to provide that any candidate for the Licence M.S.M. who has been previously convicted of petty larceny shall be prevented from obtaining such licence, or from being examined for it.' No such provision will be found in the Medical Act (1858), nor does it appear to be necessary that any such provision should be inserted in the Lord President's Bill. Under existing circumstances, the medical authorities do inquire into moral character as a condition of examination, and there can be no doubt that in any regulation for the conduct of examinations by the proposed Conjoint Board, a similar duty will be cast on that body."

The adjourned debate on Dr. Wood's motion for the reference of other questions besides the constitution of the Council to a select committee of the House of Commons was then resumed.

Mr. MACNAMARA said the real question which the Council had to decide was whether they should forward a request to the Lord President to investigate the whole subject of medical reform by a select committee of the House of Commons. Had the proposal been made fifteen or sixteen years ago he could understand it, but from that time to the present the Council had been continually discussing the question of reform in the mode of conferring qualifying certificates. Scheme after scheme had been brought up and considered, and some of the best intellects in the profession had taken part in the discussion. It had been stated that insuperable difficulties existed in Scotland arising from the

fact that in that country the universities were situated at considerable distances from each other. But Ireland was pretty much in the same condition. The schools of the Queen's University were situated in the north, south, and west of Ireland, and the students found no difficulty in travelling to Dublin for the purpose of being examined. As the difficulty had been overcome in Ireland, why might not it also be overcome in Scotland? He was quite convinced that a most unsatisfactory and disastrous Bill would result from referring the subject to a select committee. It was not a question of £ s. d., but of the honour, dignity, and advancement of true knowledge in the profession. To send the matter to a select committee of gentlemen who knew nothing in the world about medical education would be just the same as sending a knotty point of law to the Medical Council for solution. He himself was not enamoured with conjoint schemes. If he had his own way, he would abolish all such schemes; but it was too late in the day to talk of that now. It had been argued that the whole subject should be referred to a select committee because the question of the constitution of the Medical Council was to be so referred; but there was not the slightest analogy between the two cases, as the constitution of the Council had never yet been under discussion by the members of the Council. He did not know to whom the blame was attributable, but he thought the Lord President had given a severe and well-deserved rebuke to the Council by referring the question of its constitution to a select committee. The Government needed information on the subject, but the question of the reform of education had been thoroughly threshed out, and full information obtained about it. A great deal had been written commenting in severe terms upon the manner in which the Council had performed its work, the writers being altogether forgetful of the limited powers of the Council, and ignoring the great good that it had done. Sometimes the persons who wrote so learnedly and so dictatorially upon the subject of medical reform had never been inside a hospital from the time when they obtained their degrees, and in some cases they had never attended any of the examinations which they criticised so severely. In consequence of the visitations of the examinations, and the other labours of the Council, medical education in Ireland was now in a sounder position than it had ever before been. He therefore wished the Council should be left alone to continue its work, but they had no choice in the matter. The question of conjoint examinations had become a burning one in the profession, and the only thing the Council could do was to see that as little mischief as possible was done to the scientific progress of the profession. He trusted that the Council would not go to the Government and say that they had spent thousands of pounds and an enormous deal of time on the discussion of the subject, but all their labour, time, and money had been wasted, and they now wished to throw the question back upon a select committee of gentlemen who knew nothing whatever about it.

Sir D. CORRIGAN said the expense to the students had been so great, and so many difficulties had arisen under the system of requiring the students of the schools of the Queen's University to go to Dublin for their examination, that it had been abolished.

Mr. MACNAMARA said that either the Royal College of Surgeons in Ireland had been grossly imposed upon, or what he had stated was correct, because the College of Surgeons were applied to every year for the use of their operating theatre for the examination of students of the Queen's University.

Dr. HALDANE said it was no doubt true that the Houses of Parliament were ignorant about medical matters. One reason for that was that their minds had been poisoned by *ex parte* statements. When Dr. Lush's Bill was before the House of Commons, Dr. O'Leary said that only two years' study was required in Scotland before students were admitted to examination. That was an absolute misstatement of a matter of fact. In no division of the kingdom had the recommendations of the Council been more fully carried out than in Scotland, and none of the licensing bodies there would examine a candidate for a diploma unless he had previously gone through the whole period of study recommended by the Council. When the Lord President's Bill was in committee in the House of Lords, Lord Emly stated that he had been informed that a candidate having been rejected in Dublin obtained the diploma of the Royal College of Physicians of Edinburgh three weeks afterwards. This ignorance on the part of the Legislature with regard to medical matters was a sufficient reason why the whole subject should be inquired into by a select committee before any legislation was attempted.

Dr. ROLLESTON said it was quite true that sixty or seventy years ago Scotland did not sound that high note which she had ever since maintained, but gratitude did not hold for much in politics. Time after time Government had come to the Council with precisely the same demands, but with less and less concession, and that course might go on until there was no concession at all. In the interests of the public he considered that the extension of Government interference with the profession was the very worst thing that could happen.

Mr. TEALE said if the majority of the Council supported Dr. Wood's motion they would stultify all that they had done during the last two or three years. Dr. Scott Orr's statement that the refuse of rejected persons from England went to Scotland to try to pass showed that English students were under the impression that in Scotland they could get their qualifications on easier terms than in England.

Dr. AQUILLA SMITH said he intended to vote for the motion, and in doing so did not consider that he was acting inconsistently. He considered that a committee of the House of Commons would obtain information upon many topics which had never been clearly brought before the Council, and its duty would be to collect evidence which might become the basis of legislation. He quite agreed with Mr. Simon that, as a rule, there should be stability in the proceedings of the Council, but even the Government had made changes in their Bill since it was first introduced, and when the Bill passed the Commons it would be a nice task to discover how much of the original Bill remained. He regarded Mr. Errington's Bill as a very good one so far as it went. Instead of establishing a minimum standard it would establish a high standard, and its principle was exactly that which had been carried out in the case of the Army and Navy Board. Such a Bill would stimulate the different licensing bodies to improve their education. It was no doubt true that the standard of examination had been raised, but he did not consider that the education of the students had improved in the same degree. He was afraid that many candidates succeeded rather through the influence of grinders than from improvement in education, and he had long been of opinion that what was called preliminary education was exceedingly indifferent, and in some cases only a sham.

Dr. PITMAN said Dr. Andrew Wood's resolution was mischievous in its purpose, and would be mischievous in its effect if adopted. It was an open confession that the Council were incompetent to discharge the duties which had been entrusted to them by the Act of 1858. It was nothing more or less than an ingenious device to defer the settlement of a question the consideration of which had occupied the Council for the last ten years. The question raised by the motion was, whether the Council should transfer to another body the work which they ought to do themselves. The Council had decided that the present system of examinations was imperfect. They could not supervise all the examining boards, and they considered it was far better that there should be only three boards. Dr. Wood had used as an analogy the case of a practitioner attending a patient, and said that under those circumstances an inquiry was always made into the condition of the organs before any course of treatment was laid down; but to make the analogy complete he ought to have said that the inquiry was referred to a select committee of the housemaids of the establishment. (Laughter.) The Council was established to inquire for itself, and not to delegate the duty to a select committee of the House of Commons. Those who thought the Council was unfit to perform its duty would vote for the resolution, but those who were not prepared to take such a degrading view would vote for the amendment.

Mr. TURNER said the Lord President's Bill was, no doubt, admirably suited to the peculiarities of England, and those skilful members of the profession in England who had been hammering away at a Conjoint Scheme for many years, and now found the principle of their scheme incorporated in the Bill, were perfectly satisfied that it would do for them what they thought ought to be done. The Bill, however, was not in accordance with the views of Scotchmen, and was unsuited to the existing system of medical education in Scotland. There was nothing whatever in the Bill when it was first introduced which interfered with the Scotch method

of education, but various modifications had been made in it, and in its present shape the Scotch objected to it. In asking for an inquiry they were simply following in the lines which they pursued last year, for in June last the three teaching universities of Scotland petitioned the House of Commons in favour of a select committee to inquire into the Medical Act of 1858. In 1873, also, some Scotch corporations asked that legislation might be preceded by full inquiry. They desired that Parliament should clearly understand that their system of medical examination and education was altogether different from the English. London being the head-quarters of legislation, they had not the same means of bringing their views before the Government that the English bodies had. It was perfectly easy for London gentlemen to put themselves into direct communication with the Government authorities, some of them indeed were in the habit of seeing those great persons professionally, and what could be easier for them than, when they were recommended a dose of physic, also to make some little recommendation about medical legislation? Dr. Haldane had referred to Lord Emly's statement in the House of Lords, and in *The Times* report the body which was declared to be in fault was the College of Physicians of Edinburgh; but the *Scotsman* said it was the University of Edinburgh which was charged with having passed an Irish student three weeks after he had been rejected in Dublin. The conditions of graduation were of such a kind that the idea could never have entered into the mind of any man who knew anything whatever about them. It was not only in high parliamentary places, but also in the Medical Council itself, that there appeared to be considerable ignorance with regard to the state of medical education in Scotland. The conditions in that country were just as opposite to those in England as they well could be. In England the universities took, practically, no charge of medical education, but in Scotland the universities laid themselves out for it, and had large and thoroughly organised schools of medicine, in which instruction was given in all departments. This essential difference ought to be pointed out before Parliament proceeded to legislate and to thrust upon Scotland a Bill that was constructed upon English lines and was adapted only for the peculiarities of England. In England the burden of medical education fell upon the hospitals and the schools attached to the hospitals. Those schools were not under the supervision of the universities, and these differences in the two systems were so important that Parliament ought to have an opportunity of hearing them stated before it decided what would be the best kind of legislation.

Dr. HUMPHRY said the English universities did take charge of the medical education of students, and hoped to do so to a still greater extent in future. At the present time Cambridge had charge of some 120 medical students.

Dr. PETTIGREW said he could not see what harm there would be in having a select committee for the purpose of obtaining evidence and sifting it. It would be better to legislate at leisure than to repent at leisure. Quite recently a Scotch Parliamentary Commission had been obtaining evidence in regard to the present condition of the Scotch universities, and that evidence would greatly facilitate legislation. He had no doubt that if a similar plan were followed in the present case a good result would ensue. The Scotch bodies had nothing to conceal, and nothing to gain; but they had no doubt very much to lose. The universities of Scotland had attained their present position by dint of hard work, self-sacrifice, and the expenditure of much time and money; and their degrees were now sought after in every part of the world. But if a Conjoint Board were established medical students might satisfy themselves with a lower standard. The Scotch bodies were determined to oppose the Bill, and their motto was *nemo me impune lacessit*.

Dr. STORRAR, referring to Dr. Pettigrew's statement that the establishment of a conjoint examination in Scotland would do away with the inducements to students to take Scotch degrees, said that the very opposite result had taken place in regard to the University of London. The only thing which had enabled that University to make progress had been that it had kept up a very high standard, and just in proportion as the standard was raised the applications for degrees increased. Dealing with the statement that legislation was being hurried, he traced the history of medical reform from the year 1828 down to the present time. The Act of 1858 was a compromise, and ever since it passed an enormous portion of the time of the Council had been diverted from the real object for which the Council was instituted by their inability to reconcile, harmoniously, the privileges of the respective bodies. It had been quite amusing to him to see the different positions which different representatives had taken at different times. In 1858-9 there was a pitched battle between the Scotch medical corporations and the Scotch universities. There was at that time none of that delightful harmony that there now appeared to be between Dr. Wood and Mr. Turner. Nothing would suit them but the luxury of a lawsuit before the Privy Council, which he suspected did not turn out very profitable to the medical corporations. Then the Council was familiar with the charges brought by the Irish representatives against the Scotch of getting Irish students and passing them upon very easy terms. He had seen the faces of distinguished representatives of Scotch corporations look scared under the lash of some of the Irish members; but now the effusion of Sir Dominic Corrigan over Dr. Andrew Wood was perfectly touching—it was really quite enough to temper the east wind of a March day. Whatever might be the resolution of Scotch or Irish members with regard to the matter now before the Council, he did not think that discussions would ever end until there was legislation. That legislation must either take the form of the Bill now before Parliament, or the medical authorities must resolve to bid good-bye to much of their privilege. It was highly probable that a State examination would be instituted as the result of their present obstinacy, and it would be a State examination that would put men upon the Register and leave them to go to medical bodies or universities, or not, just as they liked. There was a thorough conviction in England that something must be done, and that the time of the Council must not be wasted as it had been for the last few years. At a dinner given at the Royal College of Surgeons last month, when the *élite* of the medical practitioners of London and the provinces were present, the Marquis of Ripon, in reply to the toast of the House of Lords, said he was thoroughly in favour of a conjoint system of examination, and that no difference of party would prevent him from giving his cordial support to the Duke of Richmond's Bill. That statement was received with a universal shout of applause, and he was absolutely satisfied that the great mass of practitioners in England were heart-whole upon this question.

Sir JAMES PAGET said Dr. Andrew Wood, and those who acted with him, were perfectly within their rights in referring to a court of appeal a matter with regard to which they were dissatisfied with the decision of the Council, but he found fault with them because they wanted the Council to join them in the appeal. It was just as if a plaintiff who had lost his cause in a court of law at once asked the defendant to join him in an appeal to a superior court. The appeal which the motion proposed was, however, not from a lower court to a higher, but from a higher court to a lower. It was inconceivable that in any reasonable space of time the members of the House of Commons could be so informed with regard to medical education and examination as to be able to report upon it half so well as the General Medical Council could. He therefore acknowledged that he was afraid of the verdict, for he had the strongest impression that it would be more damaging to the interests they were all desirous of maintaining than anything contained in the Lord President's Bill. There could not be the slightest doubt that the committee would suggest that an end should be put to the existence of nineteen separate examining bodies, for they could not be expected to suppose that there would be such virtue in those bodies that they would never submit to the temptation to lower their standard. How could that difficulty be avoided with due regard to the interests of the whole profession? After long consideration the English authorities had come to the conclusion that single examinations in each division of the kingdom, under the control of the Medical Council, would be the best way. The Scotch authorities might be able to show that they had done no harm, but they could not remove the impression that harm was possible. The alternative which presented itself was a State examination, and in his opinion the greatest calamity that could happen to the profession would be to be bound by Acts of Parliament. The profession depended on the personal conduct, knowledge, and humanity of its professors, and the less they were supposed to be likely to act wrongly, and, therefore, to require the control of charters and Acts of Parliament, the better for them. If such a Bill as Mr. Errington's was passed the public would

understand it to mean that those to whom the various bodies granted diplomas were not safe persons to be employed in the public service unless they had submitted to an examination held by State authorities. He could not imagine what reason there could be for continuing the existence of the several authorities if their work was to be subsequently supervised by a central authority. The case of the Army and Navy Board was no analogy whatever. He himself was one of the first examiners in the medical department of the Indian Service, but that department was not instituted to find out who were fit to enter the army; it was a competitive examination to find out who were the best men, and the men were ranged in order of merit. Not unfrequently candidates were not admitted because there was no room for them. The corporations had far better die out than live under such a bondage as that which Mr. Errington's Bill would impose upon them. The only circumstances under which corporations or universities could uphold their dignity in connexion with the State examination were that the State examination should be passed by all as a condition of registration, and then the several bodies must give their diplomas to those who applied for them. Under these conditions those bodies whose diplomas confer honour would continue to exist. The right of registration attached to membership of the Royal College of Surgeons of England never had any influence on the members who applied for it. That college obtained its reputation and wealth when its diploma was valueless as an introduction to practice. Its reputation was gained by doing all that it could for the advancement of medical science and by the fact that, with two easily explained exceptions, there never had been a person of great distinction in surgery in London who had not been a member of the governing body, and they had all given to the College a share of the reputation which they enjoyed in the public mind. He, therefore, was confident that if a State examination were instituted to be passed before a diploma was received, that college would hold its ground. There were, however, many objections to a State examination. First of all it would have to be conducted under the control of a central body, such as the Privy Council or the Medical Council, and neither of those bodies was fitted to determine all the details of examination in anatomy, surgery, and midwifery. For this reason he should vote against the motion and in favour of the amendment. It had been said that legislation was being hurried, but there were urgent reasons why they should make haste. The members of the Council might be much better employed if they were pursuing their own private callings instead of devoting so much time to this wretched subject of medical reform, for the consideration of which the lowest capacities in the profession were fitted.

Dr. QUAIN thought the committee nominated by Lord George Hamilton should understand exactly what was referred to them, and the first subject to be determined in considering the constitution of the Council was what its duties actually were. There were three objects for which the Council was constituted—namely, to secure reciprocity of practice, uniformity of education, and registration, and two of those objects had been secured.

Dr. HAUGHTON said no inference as to the improvement of the standards of education could be deduced from the Army and Navy Returns, because candidates were accepted or rejected according to whether there were places for them or not.

Dr. ANDREW WOOD, in reply, said he was extremely grateful to the members of the Council for the manner in which they had expressed themselves towards him individually; but he wanted votes, not compliments. Sir James Paget had said that any attempt to get rid of the present Bill would very likely land the profession in graver difficulties, and that if the Bill was not carried they would fall into a deeper morass. He (Dr. Andrew Wood) could hardly conceive that such a thing was possible. The present Bill would take from all the authorities the powers and privileges which they had so long exercised, and which he challenged anyone to prove they had abused. The power taken from them would be handed over virtually to the Privy Council. The Medical Council were to form as it were a new college, but everything that they did was to be under the supervision of the Privy Council, which meant under the supervision of the Lord President. The effect of centralisation was shown by the ordinance which had been recently issued by Dr. Falk, the Prussian Minister of Worship, Education, and Sanitary Affairs, with regard to the fees the physicians and surgeons could charge. According to that ordinance medical men were entitled to charge for the first visit to a sick person two marks (2*s.*) (laughter); for each subsequent visit 1*s.*; but where several persons belonging to the same family and dwelling in the same house had to be visited at the same time then for the second and each succeeding person only the half of those fees was to be charged. The same rule would apply to the case of boarding schools and similar institutions, as well as prisons. When there was a consultation of several physicians about the treatment of a rich person, including their personal visits, each physician would receive for the first consultation 5*s.*, and 3*s.* for each subsequent consultation. On the first visit of a patient to the physician's residence for his advice 1*s.* 6*d.* was to be charged, and for each subsequent charge 9*d.* (Laughter.) That showed the result of placing a great profession under the iron rod of a single individual who was entitled by his *ipse dixit* to issue any ordinance with regard to examinations, education, or fees. In Germany the universities examined for degrees, but no person could be put upon the Register and allowed to practise until he had the stamp put upon him of the State examination; but a system by which, before a man could practise, he would be required to have a complete qualification or two half qualifications from some body, and subsequently have undergone a check examination by a State Board, would not interfere with the privileges and prestige of the various bodies. Dr. Storrar had stated that the fellows of the Royal College of Surgeons of England were unanimous in their desire to commit suicide, but in the College of Surgeons of Edinburgh the fellows were unanimous in adopting the petition for a select committee of the House of Commons. It therefore could not be said that the profession were unanimous in favour of the Bill. They were no more unanimous upon the question than the Council were. Dr. Humphry had asked why he (Dr. A. Wood) did not consider the Duke of Richmond was in a hurry when he introduced his Bill last year. That Bill was exactly what Scotland wanted. It enacted that no one should be allowed to have his name entered on the Register who had not received complete qualifications to enable him to practice. The Scotch authorities were quite ready to go before a select committee and state what the special difficulties in Scotland were. Sir William Gull had supposed that influence was claimed for the College of Surgeons of Edinburgh on the ground of age chiefly, but the college reformed its curriculum and preliminary examinations at a time when the English bodies had taken no step whatever in that direction. They had loyally conformed to every recommendation that the Council had made to them except one, and that was when they were recommended to give up their preliminary examination. If investigation was required before a Medical Act was brought in at first, it was tenfold more necessary when it was proposed to throw aside an Act which had been in operation for twenty years. He did not think much of secret inquiries or earwigging great officials in their private chambers; but what he did care for was to have an inquiry in a public court, where persons could be heard who had no interest to maintain but the public good. If on the report of such a court of inquiry a Bill was drawn up, then he as a loyal subject of Great Britain was ready to yield to it, but he was not prepared to yield to everything that might be done without proper inquiry.

Dr. Humphry's amendment was then put to the vote and carried, the numbers being 14 in favour of it, and 8 against it, two members abstaining from voting.

On being put as a substantive motion, it was carried by the same majority.

On the motion of Dr. QUAIN, seconded by Dr. PYLE, the Finance Report was received and ordered to be entered on the Minutes.

The Finance Committee reports that the income of the General Branch Councils for the year 1878 has been £6206 13*s.* 7*d.*, which exceeds that of the preceding year by £171 3*s.* 11*d.* The expenditure for the year 1878 has been £6322 15*s.* 4*d.*, which is less than that of the year preceding by £362 3*s.* 11*d.* It is thus evident that while the income of the year 1878 has been more, the expenditure has been less than in the preceding year. Nevertheless, the expenditure for the year 1878 has exceeded the income by £116 1*s.* 9*d.* The principal items of increase are:—(1) On fees paid to the Members of the General Council and of the Executive Committee, amounting to £521 18*s.* 6*d.*; (2) on the outlay for the Medical Register; (3) on the printing of Minutes of the Executive Committee, amounting to £89 2*s.* 6*d.*; (4) on the law expenses, amounting to £112 3*s.* 7*d.* The principal items of decrease are:—On the Pharmacopœia, the printing expenses, and the honorarium to the late registrar, amounting altogether to £870 5*s.* 6*d.* The average income for the last

seven years has exceeded the average expenditure for the same period by £112.

The total receipts on account of the Dental Registration Fund have been £9460, and the total expenditure £849 14s. 2d., leaving a balance of £8610 5s. 10d., of which sum the treasurers have invested £7000 in the purchase of £7253 17s. 8d. of New Three per Cent. Annuities.

The Finance Committee recommends that the General Council should delegate to the Executive Committee to determine what further honorarium should be given to the registrar on the dental account, and what salary should be paid to the registrar and the clerks on account of the duties connected with the dental business. These and other incidental expenses will tend to diminish the considerable balance of the dental fund, the application of which under the Act must hereafter form a subject of consideration by the Council.

It was also agreed, on the motion of Dr. A. Smith, seconded by Dr. A. Wood, "That a fee of five shillings be paid for the restoration to the Medical Register of a name erased therefrom (by neglect of duty on the part of a registered medical practitioner), under Section 14 of the Medical Act (1858)."

The following correspondence was, on the motion of Mr. Bradford, ordered to be entered on the Minutes:—

Council Office, March 6th, 1879.

SIR,—I am directed by the Lord President of the Council to transmit to you the enclosed copy of the Medical Act (1858) Amendment Bill now before Parliament; and I am to request that you will lay it before the Society of Apothecaries, and that you will move them to favour me with any remarks they may desire to make in regard to Section 36, which provides for the partial repeal of 55 Geo. III., c. 194, intituled "An Act for better regulating the practice of Apothecaries throughout England and Wales." I am, Sir, your obedient servant,

C. L. PEEL.

J. R. Upton, Esq., Society of Apothecaries, Blackfriars, E.C.

Apothecaries' Hall, Blackfriars, E.C., March 13th, 1879.

SIR,—I have to acknowledge the receipt of your letter of the 6th inst., which I have laid before the Society of Apothecaries.

I am desired by them to state that the only remarks with which they wish to trouble you on the subject therein referred to are the following:—

By the second section of the Bill the Act is to come into operation on the 1st day of January, 1880.

By the thirty-sixth section of the Bill the Acts mentioned in the fourth Schedule of the Bill are repealed, if no date is mentioned in the Schedule, as from the commencement of the Act.

Under the fourth section of the Bill, the Medical Board to be established may not be so established until the last day of June, 1881.

It appears, therefore, to the Society that as the fourth Schedule is now framed in reference to the "Act for better regulating the practice of Apothecaries throughout England and Wales," the Society would between the date of the Act coming into operation and the period when the Medical Board should be established, be without any power to grant certificates, or indeed to exercise any of the powers which at present they possess under the Act of 1815.

They would therefore submit that after the words "Section 23" of page 27 of the Bill there should be added the words "as from the commencement of the Joint Board System."

I may be permitted to take this opportunity on behalf of the Society of saying that the Bill appears to them in all material respects one which should receive the cordial support of the medical profession.

It is in their opinion free from any of the objections which they entertained towards the Bill introduced by the Lord President in 1878, and it will be a matter of regret to them if it should not become an Act at the end of the present session.

I am, Sir, your most obedient servant,

JAMES RICHARD UPTON,

C. L. Peel, Esq. Clerk to the Society of Apothecaries.

The Council then adjourned.

MONDAY, MARCH 24TH.

Mr. TURNER asked the President whether his attention had been directed to a report in the *British Medical Journal* of the proceedings of a deputation from the Obstetric Society to the Duke of Richmond, in which Dr. Priestley was reported to have said that the Medical Council might be indisposed to initiate any action with regard to the midwives clauses in the Medical Act (1858) Amendment Bill, and if he could state on what authority that statement was made.

The PRESIDENT said his attention had been drawn to the report in question. As to that article being inspired by the Medical Council he need hardly give an answer, because the Council was not in session at the time. He had written to Dr. Priestley with reference to the report, and that gentleman had stated in his reply that the report was not a correct one, adding: "What I did say was that we feared the leading article in *The Times* of the previous day represented the feeling of some members of the Medical Council, and that an attempt would be made to prevent the Council's undertaking the duty of regulating the practice of midwives. At the same time I stated that I believed the President of the Medical Council was in favour of the Medical Council's undertaking that duty, and I hoped his views were shared by the majority of his colleagues." No statement had been made by himself on the subject except that which occurred in an address delivered on the 18th. The article implied that the Council was overwhelmed in the discharge of its functions, and threatened to break down altogether. The argument was that it could not therefore undertake the supervision of midwives. With regard to that subject he had only to say that it was his duty to have in the course of the winter constant communication with the Registrar on the subject of the office work, and that many weeks ago he was gratified to learn that when he had proper clerks he had no difficulty in administering all that was imposed upon him. With his present staff he could confidently say that any statement to the effect that the office was incapable of doing the work which it might be required to undertake was entirely without foundation. There was no amount of registration work that could be imposed upon the Registrar which he was not capable of administering with accuracy, expedition, and unwearied industry. He was sorry that the attention of the Government should have been drawn to statements affecting the present capacity of the office for the efficient performance of any work that the Legislature or the Council might impose upon it.

Dr. QUAIN drew attention to a report on the registration of dentists in the minutes of the Executive Committee, stating, "Of the continuous mental tension, the wearisome toil, and the great and never-ceasing anxiety—in order to eliminate, so far as possible, all the avoidable errors—which this registration has, under existing circumstances, brought upon the Registrar, especially during the last six weeks of the year, it would be almost impossible to convey an adequate notion."

Sir WILLIAM GULL said he had given notice of a motion to the effect that as the Government had given notice of its intention to inquire by a Select Parliamentary Committee into the constitution and working of the Council, it was not expedient at present to consider the report presented by the Executive Committee. He had ascertained that it was the intention of the Council to consider that report, and therefore he begged to withdraw the motion.

On the report of the Executive Committee on the constitution and working of the Council being brought up for consideration,

Mr. SIMON alluded to a memorandum appended to that document by Dr. Quain, and another by Dr. Pitman and Sir James Paget. Dr. Quain, he said, appeared to have signed the report subject to a reservation, and Dr. Pitman and Sir James Paget, while affirming the report, did not approve of its being issued.

Dr. HUMPHREY moved, "That this Council, taking into consideration the nature of the duties which devolve, and are likely to devolve, upon it as a Council of Medical Education and Registration, is of opinion that the principle of election of members of the Council by 'the direct representation of the whole profession' does not afford sufficient guarantee for the selection of the persons best qualified to perform those duties; and that the Council cannot, therefore, recommend that such a principle should be adopted." With reference to the question raised in the resolution, there was a definite and explicit statement in the report—namely, "The committee are of opinion that direct representation is very unlikely to secure the election of persons best suited for the special duties of the Council. It would be too advantageous to those who could command the best means of conducting elections, or who would be willing to undergo the ordeal of a contested public election and to incur the expenses attendant upon it. On the whole, the committee felt that election by suffrage of all registered practitioners would be the least desirable mode of appointing members of the Council." The members of the committee were unanimous on that subject. Former members of the Council had been asked their opinion upon it, and of the twelve members who answered the question submitted to them, not one was in favour of direct representation as a means of adding members to the Council. If the duties of the Council were such as related to the position or condition of the profession, there might have been considerable concurrence of opinion to the effect that, as a matter of justice, there ought to be some direct representation; but their great duty was to superintend medical examinations and education, and it was of the first importance that those who elected them should have personal knowledge of their mental capacity, their experience, and their independence. In the event of a popular election by the twenty-two thousand persons on the Register, nineteen-twentieths, or perhaps ninety-nine hundredths, of the electors would have no personal knowledge

of the men for whom they were called upon to vote. Their only sources of information would be the statements in the journals, and here arose an important point. No doubt the principle of direct representation would greatly increase the influence of the journals, and no man would have a chance of being elected who did not secure that influence. They might see in that the great motive cause of the movement and the reason why it had been taken up by a considerable body of the members of the profession, and they might also see the reason of the dissatisfaction expressed in the journals with reference to the actions of the Council, which has been discredited in every possible way in the eyes of the profession. It had been urged that there was too much talking in the Council, but would that be diminished by the addition of members by direct representation? He thought it would rather cause the Council to diverge more and more into questions beyond its range, and render it a general parliament of the profession. If they wished to diminish the talk of the Council they ought to diminish the reporting. The talking which was so complained of by the press was in reality in a great measure the product of the press. He had always felt that one argument for the admission of the press to the Council was that it would lead to a fair representation of the deeds of the Council, but in that he had been singularly disappointed. After all it was by the leading articles that the Council was represented, and he maintained that they had not fairly represented it. As to the complaint that the Council had not set itself with sufficient vigour to improve the general education of the profession, he wished to know how the admission of members by direct representation was likely to aid in that work. The diminution in the number of medical students showed that the Council had gone as far as was judicious in regard to education. It now only remained for them to supervise more carefully the general education which was to prepare men for the profession. Would the work be better accomplished by the introduction of additional members to the Council in the way proposed? If they wanted assistance in that direction they might get it from the teachers or from the students, and a representation from either of those bodies would be of more advantage to the public and the profession than a direct representation from the registered practitioners. On the question of justice it had been urged, that as practitioners paid a registration fee of £5 for their entrance into the profession, they ought to be represented, because taxation and representation ought to go together. He maintained that the payment was not a tax of that kind which by principle or custom entitled the tax-payer to a vote. A tax entitling to that privilege was an annual payment, which was regarded as a sort of voucher or guarantee of continued interest. If representation on the Council was to have relation to taxation, and be in any measure corresponding to it, the result would be that the English members would be six or seven times as many as those in Ireland, and nine times as many as those of Scotland. If Ireland asked for justice it might have it perhaps in a way that it would not desire, and might come to regret that the question had ever been mooted. If justice had to be considered, ought not the public to have a voice in the matter? They were the persons most of all concerned, and they were certainly entitled to be heard.

Sir WILLIAM GULL seconded the motion. He said he had thought a great deal upon the subject, and had often changed his opinion about it. He had discussed the matter with Dr. Waters, for whom he had a great personal regard. He thought the sentiment which had led to the demand for direct representation was a respectable one, but he had doubted whether it could be carried into practice. What was there to be represented on the Council which was not represented there already? The whole interest of the profession was represented on it, and represented as well as it possibly could be. He did not think there were twenty-four men in the kingdom who, on the whole, were better qualified to discharge the duties of the office than the present members of the Council. While therefore he agreed as to the abstract sentiment, he did not think that there was any ground for adopting the principle of direct representation in practice.

Sir D. CORRIGAN moved as an amendment, "That this Council, taking into consideration the nature of the duties which devolve, and are likely to devolve, upon it as a Council of Medical Education and Registration, is of opinion that the election of a proportion of the Medical Council by direct representation would be an act of justice to the whole profession, who furnish the funds but have no voice in the management, and would afford a guarantee for the selection of persons possessing practical acquaintance with the needs of the public and the requirements of the profession, and that any measure not providing for such representation would be inefficient and unsatisfactory." He said he had never proposed that all the members of the Council should be elected by direct representation, but only that a proportion of them should be so elected. Sir William Gull had said that he had changed his mind twenty times upon the subject. What reason was there for supposing that his twenty-first opinion was better than those that preceded it? (Laughter.) His attitude on the subject reminded him of the old song—

"Wheel about and turn about, and jump Jim Crow."

(Laughter.) It had been stated that the profession was already represented in the Council. What portion of it was represented? Were the dentists, who had paid such an enormous sum, represented on it? Was there a single member of the Council who would trust another to draw a tooth for him? Was there a single married member who would send for a fellow member of the Council to attend his wife in her confinement? Certainly those two departments of the profession were not represented on the Council. He (Sir D. Corrigan) had formerly supported the view that the President of the Council should be a member of the Government or the House of Commons, and not connected with the profession at all. They were only a parcel of doctors legislating among themselves. (Laughter.) Dr. Humphry had threatened the Irish members that if they were not content with what they had got they might get something worse. That was not the mode of conciliating Ireland. It reminded him of a colonel who once took his stand behind a 24-pounder, and said, "This is what I call justice to Ireland." (Laughter.) It had been stated that a tax was an annual payment, but he knew of no such definition. He had referred to Hume's history and the account given of the Bill of Rights, and a "tax" was there associated with "gift," "loan," "benevolence," and such-like charges. Dr. Humphry had suggested that a better representation might be obtained from teachers and students. He did not know any class more unfit to legislate than these. They might as well take the advice of schoolboys as to what they should like to learn. As to the teachers, their great object was to squeeze the student, to make a sponge of him, and get as much as possible out of him. Were professors, who were spending all their time in analysing in the laboratory or looking through a microscope, the best men to give information to the Council? Would not the Council be better served by men engaged in ordinary practice and holding public appointments? As to the difficulty of election, there were elections for the House of Commons by constituencies numbering 30,000 or 40,000 persons, and he maintained that there would be no greater difficulty in managing an election throughout the medical profession. After all, that was a mere matter of detail. Dr. Humphry's great grievance was that the press would be likely to influence the public mind too much. It was a great blessing that the press did influence the public. If it did or said anything wrong there were ample means of setting it right. They could not hear both sides of a question unless they had the journals before them. The discussion of such matters through the press was a decided advantage, and ought not to be disparaged. He maintained that direct representation was required on the principles of justice. The man who paid the piper had a right to call for the time, and the tax-payer ought to have a voice in the legislation. He did not consider that he was occupying a dignified position in being sent to the Council by one set of persons and paid by another. It was not just or in accordance with the principles of the constitution, and he did not think that there was an analogous instance in the British dominions. It was a gross injustice to the profession that the men who knew best what were the requirements of the profession should be excluded from the Council. He thought that the dentists must be a most patient class of persons, for they had paid £9460 to the Council, and there was a balance in hand of £7000, yet they had no voice in the appropriation of their money.

Dr. HAUGHTON said he strongly approved of the addition of some direct representatives of the profession. It was not, perhaps, the best possible mode of adding to the Council, but it was the best under existing circumstances. He was

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anxious that the Lord President's Bill should pass the two Houses of Parliament; but the general body of practitioners throughout the country would prevent its being carried, unless the principle of direct representation was adopted. The profession had got everything except that, and they would be strong enough in the House to prevent the passing of the Bill, unless that also was conceded. If the present Bill were refused, they might have to put up with a worse.

Dr. WOOD said that a few years ago he had brought forward a motion in favour of direct representation; but a great deal had happened since then; and however much he might desire a larger infusion of general practitioners into the Council, he was not prepared to affirm the doctrine that they should be elected by universal suffrage, which would lead to a large amount of canvassing, jealousy, and expense. The men who would be induced to go through the turmoil and unpleasantness of such an election would not be the best men for the Council. There were three ways in which the desired end might be accomplished, and it was his intention to propose another mode to the Council. The Council, in addition to its duties with regard to education, had to sit as judges upon persons accused of anything which might lead to the removal of their names from the Register, and it was contrary to the constitution of England to appoint judges by popular election. He believed the Council was the only judicial Court in the country from whose decision there was no appeal. While prepared to vote for Dr. Humphry's motion, he reserved to himself the power of proposing an entrance of four general practitioners in another way.

Mr. TEALE said that no proposal had been made to elect all the members of the Council by direct representation. The only question was whether a small number of the members should be so elected. He could not shut his eyes to the fact that the wish for a direct representation was a sentiment, but he believed that it was a sentiment of overwhelming power which they could not ignore. They were all anxious that the Lord President's Bill should pass during the present session, but the question of direct representation was a stone wall, which seemed to stop its progress. It had stopped two Bills already, and it appeared likely to stop the present one. What would be the harm of admitting members to the Council by direct representation? The objection to that measure was the agitation of a general election, the doubt whether the best possible candidates would come forward, whether those who came forward would be selected, and whether so large a number of persons would have any power of selection whatever. He admitted that objection, but he thought that no one would have the slightest chance of being elected who had not in some way made his mark in the country. The advantages of direct representation ought not to be overlooked. For some reason or other the profession had not hitherto been in sympathy with the Council. There had been a tendency to carp at it and criticise it unfavourably, and he doubted whether there would be that perfect sympathy with the profession which was desirable until the sentiment with regard to direct representation were satisfied. There would be some advantage also in the fact that the persons elected would be unconnected with the corporations. The addition of such men would bring a certain amount of knowledge to the Council which it did not possess, and additional strength would be thereby gained.

Dr. STORRAR said he did not see on what principle of justice or reasoning the general practitioners of the country could put forward their present claim. The Council was a confederation of the governing bodies of the medical authorities, and it was called upon to perform functions perfectly analogous to those performed by such governing bodies. He would refer, as an illustration, to the constitution of the College of Surgeons with its two orders of fellows and members. The privileges of members were well known to the students, and it was distinctly understood that membership gave no claim whatever to admission to the government of the college. Any member, however, might, by means of a higher examination, become a fellow, and then he had the privilege of electing to the Council, and might even take office himself. The franchise was an educational one, and there was no hardship at all in the matter. If any of the members of the College of Surgeons or the College of Physicians felt it a grievance to be kept out of the Council, it was their business to agitate in their respective colleges, and not to interfere by a flank movement to force their way into the Council. He hoped that the members of the Council would not be influenced by the ambition of "seeking the bubble reputation" at the journal's mouth. Their business was to consider what was the good of the profession at large, without yielding to the clamour which could create no stronger claim for admission than mere sentiment. The claim on the ground of taxation was perfectly futile. Every member who had his name inserted in the Register paid a fee of £5, and it was the best £5 worth that a man could get. It conferred upon him the sole right to practise and the privilege of recovering his fees and holding public appointments. A solicitor had to pay £9 a year for the privilege of practising in London and £6 for the country, besides paying a large sum for his stamp. The argument that the Bill would be stopped unless direct representation were conceded was a miserable one, and he could not yield to such an unreasonable suggestion.

Dr. PETTIGREW supported the motion. He believed that direct representation was more a sentiment than a reality. The constitution of the Council was pretty much the same as it had been in the past and was likely to be in the future, being composed of teachers and gentlemen engaged in practice. Eighteen of the twenty-four were actually engaged in practice, and if these were not representatives of the best part of the profession, he did not know who were. It might be, as Sir D. Corrigan had said, that the scientist was not the best man to represent the profession; but if to his other qualifications were added that of general practitioner he was of all others the man who ought to have a seat on the Medical Council.

Mr. MACNAMARA, in common with his Irish colleagues, wished to enter a dignified protest against the threat held out by Dr. Humphry; at the same time his feelings were so much in accord with what Dr. Humphry had stated, that he felt himself reluctantly compelled to vote with him. The Council had been instituted for educational purposes, to see that the practical fitness of those entering the profession should be adequate, and that a proper test was applied. He could not conceive a better constituted Council for such purposes than that which already existed. If the present members were not competent to express an opinion upon the different subjects submitted to them, he did not know who would be competent. With regard to taxation, he had a vote for poor-law guardians because he paid the rates each year, and any lapsus in payment of the rates would deprive him of a vote. He had also a vote for a member of Parliament because he paid his taxes from year to year; but if members were to be elected by direct representation, a member or fellow of the Royal College of Surgeons of Ireland, if elected, would stand up for the body to which he belonged, and that, perhaps, with more energy than was exhibited at present. As to the question of attorneys in Ireland, whatever it might be in England, the bar was regulated by the benchers, who were supported by the money paid by the barristers who elected them, and although the bar were most jealous of their privileges, there had never been a word on their part as to direct representation. In the event of a vacancy a responsible member of the profession was appointed by the benchers themselves, and not by those who paid the taxes. If ever there was a plan that would injure the corporation it was that of universal suffrage for the election of the members of the Council.

Dr. SCOTT ORR supported Dr. Humphry's motion, and remarked that questions of nationality had been imported into the discussion. If he was not mistaken, the cry for direct representation had originated in England, and after a considerable time it had penetrated into Scotland, in which country it appeared to him to be quite unnecessary. Half of the Scotch members of Council were medical practitioners. He had been sent to the Council unfettered by any pledge to his corporation, and while he considered he had a duty to perform towards it, still he thought his paramount duty was to attend to the interests of the profession at large. If any addition were made to the Council, he thought, with Dr. Andrew Wood, that they should be members appointed by the Crown.

Dr. HALDANE supported Sir D. Corrigan's amendment, not on the ground of sentiment, he said, but on the ground of justice. As at present constituted, he did not think the Council fully represented the medical profession. Unless some more cogent reason could be shown against the principle of direct representation, he could see no grounds for the refusal of so reasonable a desire.

Dr. A. SMITH, while fully accepting the abstract principle of direct representation, said the question was how it should be carried out. He had no objection to the proposed mode

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of election. With regard to the question of taxation, he would point out that a tax was a compulsory payment; but the register fee was perfectly optional, and, as Dr. Storrar had pointed out, the person paying it had his *quid pro quo*. He was afraid that the principle of direct representation, if carried out as proposed, would give a dangerous power to the press.

Dr. HUMPHRY, in the course of his reply, said he thought that in the consideration of the question the Council ought not to pay attention either to sentiment or policy, on both of which the argument for direct representation had been founded. Their duty was to vote upon the question as a matter of right or wrong. Men of real knowledge and information, if required, could not be better obtained than by carrying out the proposal in the report to increase the nominees of the Crown. The sum paid for entering the profession was, no doubt, in one sense, a tax, but it was not the sort of tax which, according to the British constitution, entitled the person paying it to a vote. He maintained that it was the business of the members sent to the Council by the corporations to represent the public. One strong argument in favour of his motion was that two distinguished members—Sir W. Gull and Dr. A. Wood—formerly advocates for direct representation, had, on consideration, arrived at the conclusion that it was not expedient.

On the amendment being put, three members voted for it and seventeen against. Dr. Humphry's motion was then put and carried.

Dr. A. WOOD then moved, "That it is expedient that the Council should more largely represent the general body of registered practitioners, and that this object might be best accomplished by increasing the number of Crown nominees by four—viz., two for England, one for Scotland, and one for Ireland." The proposal, he said, had been largely taken from the Report of the Executive Committee, whose task in preparing a report on the constitution of the Council had been a most difficult one. If they were to have additional representatives on the Council he knew of no patronage which could be preferred to the patronage of the Crown. Hitherto the selection of Crown nominees had been most admirable.

Dr. PETTIGREW seconded the motion.

Sir WM. GULL moved as an amendment, "That if any change is to be made in the constitution of the Council it is most desirable that the Crown nominees should be persons selected by this Council, and that for every vacancy so arising the Council shall submit at least two names to the Crown for nomination." He thought some such plan as this would meet the difficulty that had arisen as to direct representation.

Dr. A. SMITH seconded the motion.

Mr. TURNER moved the adjournment of the debate on the motion and amendment, and the Council adjourned.

TUESDAY, MARCH 25TH.

The debate on Dr. A. Wood's motion and Sir W. Gull's amendment was resumed. Sir W. Gull, seeing that the general feeling of the Council was adverse to the amendment, withdrew it. Mr. Macnamara then moved another amendment, "That this Council, as at present constituted, fairly represents the profession at large." Dr. Quain seconded the amendment, but subsequently asked that it might be withdrawn. Mr. Macnamara objected to that course, and the amendment was accordingly put to the Council, with the singular result of one member (Mr. Macnamara) voting in its favour, and one member (Dr. Haldane) voting against it. The President declared that it was not carried. Mr. Simon then moved that the discussion on the working and constitution of the Council be closed, which was seconded by Sir James Paget, and, after some discussion, was carried by 14 against 6. A motion by Dr. Pyle to give every candidate of a university or member or licentiate of a corporation the privilege of voting for the representatives on the Council was rejected by a majority of 10 against 2. A proposal was then brought forward to increase the payments for attendance at the meetings of the Executive Committee, but its consideration was adjourned.

WEDNESDAY, MARCH 26TH.

The adjourned debate on the payments to the Executive Committee was resumed. After considerable discussion a resolution was carried *nem. con.* for the payment to the Executive Committee of the same fees as those paid for attendance at the sittings of the Council. A copy of the resolutions relating to direct representation and the constitution of the Council was ordered to be forwarded to the Lord President, and petitions were received from ophthalmic surgeons and the Obstetrical Society of London, pointing out the necessity of ensuring in the Conjoint Scheme an adequate time for the study of ophthalmology and obstetrics. After considering the circumstances attending the conviction of Thomas Millerchip, of Coventry, it was agreed "that the Council do not see fit to erase his name from the Register." The report of the Dental Curriculum Committee, including a tabular curriculum, was approved. The only foreign bodies whose diplomas in dentistry it is at present decided to recognise are the University of Harvard and the University of Michigan. The usual complimentary votes terminated the session.

A fuller report of the proceedings of the last two days will appear in our issue next week.

HEALTH OF LARGE ENGLISH TOWNS IN THE TWELFTH WEEK OF 1879.

DURING last week 5489 births and 4000 deaths were registered in twenty of the largest English towns. The births exceeded by 307, and the deaths by no less than 630, the average weekly numbers during 1878. The deaths, however, showed a further decline of 47 from the exceptionally high numbers returned in the two previous weeks; and the annual rate per 1000, which had been equal to 29·1 and 28·6 in the two preceding weeks, further declined to 28·3. During the twelve weeks ending last Saturday the death-rate in these towns averaged 27·4 per 1000; in the corresponding periods of the four years 1875–8 it averaged 28·9, 26·2, 23·8, and 25·1 per 1000 respectively. The lowest rates in the twenty towns last week were 18·6 in Portsmouth, 18·7 in Sunderland, 22·1 in Leeds, 22·4 in Bristol, and 22·7 in Brighton. The rates in the other towns ranged upwards to 29·5 in Leicester, 30·0 in London, 30·7 in Manchester, 30·7 in Hull, and 32·0 in Sheffield. The 426 deaths referred to the seven principal zymotic diseases in the twenty towns last week showed a further slight increase upon the low numbers returned in the five preceding weeks, entirely due to the greater fatality of whooping-cough; they included 176 from whooping-cough, 92 from scarlet fever, 51 from measles, and 37 from fever, principally enteric. The annual death-rate from these seven diseases averaged 3·0 per 1000 in the twenty towns, and ranged from 0·0 and 0·7 in Portsmouth and Plymouth, to 5·8 and 6·7 in Sheffield and Newcastle-upon-Tyne. Whooping-cough showed epidemic fatality in Manchester and Sheffield; and measles in Newcastle-upon-Tyne, Norwich, and Wolverhampton. The deaths from scarlet fever were proportionally most excessive in Sunderland, Oldham, Sheffield, and Bradford. Four deaths were referred to diphtheria in Birmingham, and 3 in Liverpool. Sixteen more fatal cases of small-pox were recorded in London and its suburban districts, but not one in any of the nineteen large provincial towns. The Metropolitan Asylum Hospitals contained 308 small-pox patients on Saturday last, against numbers declining from 353 to 303 in the three preceding weeks; 56 new cases of small-pox were admitted to these hospitals last week, against 61 and 43 in the two previous weeks.

HOME FOR PROTESTANT INCURABLES, CORK.—The seventh annual meeting of the friends of this rising institution was held on the 12th inst., presided over by the Bishop of Cork. A new building is in process of erection, and the Duchess of Marlborough, who has visited the institution, has shown her interest in the undertaking by giving a donation to the Building Fund, while the Duke also has contributed to the "Memorial Wing." This latter portion of the Home is intended, when completed, to provide accommodation for male patients, and will be erected in memory of the Bishop of Cork, President of the institution. The entire structure is estimated to cost about £9000, of which sum upwards of £6000 has already been contributed.

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LONDON: SATURDAY, MARCH 29, 1879.

THE Medical Council, to speak obstetrically, has at last been delivered; and in all the histories of parturient mountains bringing forth mice, we will venture to say that there are few more striking than this. When, in July last, the Council passed a resolution by a large majority, on the motion of Sir WILLIAM GULL, that the constitution of the Council needed revision, the profession accepted the fact in good faith, believing that the Council had at length come to some perception of the situation, and to some sense of the seriousness of the almost universal demand for a change in its composition. Criticism was suspended, if not disarmed. A grand opportunity was afforded to the Council to show itself capable of a statesmanlike view of a great question, and to put itself into harmony with the profession. The circumstances of the miscarriage of the Government Bill of 1878, with an interval of many months for the Council to report in, all heightened the interest and expectation of the profession. Faith in the Council, it is true, received a severe shock in October last, when it not only refused to fulfil its own resolution, and begin the revision of the Council, but positively declined to commit itself to a report to the Government on the subject before the 1st of February. The incourageousness of such a course was as pitiable as the undutifulness of it, and the profession stood amazed at a Medical Council with such notions of its duty and its dignity. Time went on. Parliament met. The Government brought in a Bill to amend the Medical Act. Still no sign from the Medical Council. At length, on the 8th of March, we announced that the Council would meet on the 18th. It was too late—with reference to the only question on which the Government or the profession could have cared for a meeting of the Council at such an early period of the year. The Lord President, in introducing his Bill on the 25th of February, ignored the promised report of the Council, and intimated that the task of inquiry into the constitution and working of the Council would be referred to a Parliamentary Committee.

Such action on the part of the Government was not flattering to the Medical Council, and by some of its members at least has been very naturally taken as a rebuke. Be this as it may, the profession cannot but regard the timidity and delay of the Council in not having its report ready before Parliament met as the chief cause of the question not being included in this year's Government Bill, and it must hold the Council responsible for the postponement of the settlement of it, and perhaps with it of all other medical questions awaiting legislation.

Badly, however, as the Council appeared in this whole matter prior to its own meeting, it has managed matters so as to place itself in a still more unfortunate light. It was competent for it to say, as many members did say, that the Government having referred the subject of the working and constitution of the Council to a Parliamentary Committee, the Council was superseded in the matter, and exonerated from the delicate duty of sitting in judgment on itself. This was the course recommended by Mr. SIMON and others. But the subject was too attractive, and the Council, after fluttering about it as a moth round a candle, went right *in medias res*, with a result that forcibly suggested the obstetric illustration with which we set out. The Council has expressed one decided opinion; we must give it its due. It has by a very large majority expressed its disapproval of the direct representation of the profession. Next to the feeling of self-complacency the strongest feeling in the mind of the Council is one of distrust of the judgment of the profession. Its members boast of their knowledge of the profession, boast their relation to bodies which represent the profession, but they seem to think that the introduction of four or six members by the direct vote of the registered practitioners of the country would be followed by loss of character. We may well understand the scant respect which successive Governments have shown the profession when our own leaders betray such distrust. There is yet another mode of making the Council more representative of the profession—viz., by letting all those holding the degrees and diplomas of the medical authorities have a vote in the election of the representatives in the Medical Council. This proposal of Dr. PYLE'S was rejected more unanimously than that of direct representation. Sir WILLIAM GULL trotted out a suggestion that the Council should nominate representatives of general practitioners to be appointed by the Government. But he did not carry it to a division. Every positive suggestion for change being rejected, and the report of the Executive Committee and all the speeches of the members as well as all the letters of ex-members being full of self-laudation, there appeared a capital opening for a resolution expressive of that pleasant feeling. Mr. MACNAMARA seemed to think so, and had the courage of his opinions. He moved a resolution approving of the actual, saying that the Council does represent fairly the whole profession. The fate of the resolution was curious. It had a seconder in Dr. QUAIN, one of the most redoubtable defenders of Vicars of Bray. But his faith failed him before the division could be taken, and he left poor Mr. MACNAMARA to hold up his single hand in honestly voting what all had been saying for two or three days. Was there ever a situation more helplessly discreditable to a public body? It would neither vote itself perfect nor vote for any change. By refusing to vote with Mr. MACNAMARA, it seemed to admit that it could be made more representative of the profession to which it owes all its importance and all its wealth. It has sat seven or eight days, at an expenditure somewhat serious. If the Council did not meet to give a final judgment on this question of its own constitution, it had no excuse for meeting. What, then, our readers will ask, was the result of this high debate, so long deferred that it has had an incubation period of eight months and a labour period of eight days, that is to influence the Government and satisfy the profession, and illustrate the wisdom of the Council? Without further suspense we give r readers the resolution, moved by Mr. SIMON and seconded by Sir J. PAGET: "That this debate be now concluded!" We venture to say that there never was a more impotent conclusion of a long and costly

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discussion by a responsible body, or one more damaging to a deliberative assembly. We are to hear no more from the Medical Council on the subject, than that the debate is concluded! Let us be thankful at least for this.

THE discussion in a Committee of the Lords on the Medical Act (1858) Amendment Bill was satisfactory as far as it went. It was satisfactory especially in this respect, that it brought out points that have been much overlooked, and also some additional speakers. The debates in the Lords on this subject hitherto have been monopolised by the Lord President and the ex-Lord President. On the 20th inst., Lord EMLY, Lord O'HAGAN, the Duke of BUCCLEUCH, and the Marquis of LOTHIAN took part in the discussion. One or two points of the very greatest importance were greatly advanced by the debate. First, an amendment by Lord EMLY was accepted by the Lord President, requiring the Medical Council to make the examination rules for securing uniformity of examinations for qualification. This, in our view, has always been a cardinal point in medical reform. It is monstrous to be passing an Act to secure equal examinations, and yet not fastening upon the Medical Council the task of framing examination rules. To all who have not studied the working of the Medical Council it will appear strange that they should have induced the Lord President last year to relieve them of this duty. We are glad that he has so far disregarded the wishes of the Council and accepted Lord EMLY'S proposal, which really was in the original Bill of the Government. Lord RIPON objected to the clause which requires a student, after passing the Conjoint Board, to obtain the diploma of one or more of the medical authorities before being entitled to registration. He thought it an excrescence, though he abstained from moving an amendment. The Duke of RICHMOND explained that he felt himself obliged to regard the susceptibilities of the authorities. The whole Bill, indeed, shows the Conservative wish to perpetuate all the rights of each of the nineteen bodies—only in a conjoint instead of a separate form,—although it is indisputable that the *raison d'être* of some of these bodies, at least, has entirely ceased. This would be shown before a committee of Parliament, if the Government would grant one for the further elucidation of the subject. Another point raised by the Marquis of RIPON was the equality of fees to be exacted by the Conjoint Boards. The Duke of RICHMOND has promised to inquire into this part of the subject. It is obvious that the fee should be equal in each division of the kingdom. But this can only be done by either requiring the Scotch bodies to raise their present fees, or the English and Irish bodies to lower theirs. The really satisfactory solution of this question would be for the Government to give a grant to the corporations for the maintenance of their museums, which are really public museums, and so enable the three examining boards that would be created by the present Bill to charge an identical fee, and one withal moderate in amount—just enough to cover the expenses of examination.

The position of the whole question in Parliament is still very unsettled. We seem really only at the beginning of a proper Parliamentary inquiry. We have always maintained that nothing but good has come of the delay which has hitherto happened. The last debate in the Lords distinctly develops the subject, and we cannot but hope that the Government, which must by this time see the vanity of looking for help to the Medical Council as at present constituted, will utilise any further delay that may occur by referring the whole subject, instead of a part of it, to inquiry by a select committee. This is no question of mere penal clauses for punishing quacks. It is a measure for raising to the highest point the education of the mass of the medical profession, and it is no discredit to the House of Commons that it should wish to make such a measure perfect by taking the evidence of all persons informed on the subject.

EARL BEAUCHAMP paid the Earl of ONSLOW no empty compliment when he said "the noble Earl had done a service in calling attention to the question" of cremation. It was not a moment too soon to take measures which would ensure for the proposal to burn the dead the gravest consideration of the Government and the Legislature. We have already characterised this scheme somewhat strongly, and pointed out what we believe to be the imminent perils with which it threatens the community. The high value we set on every rational reform tending to the improvement of sanitary conditions is so well known that we can have no hesitation in denouncing a project which, while it pretends to promote health, would destroy the safeguards of public security.

No great stress need be laid on the difficulty arising in connexion with registration. It is not very obvious why so much space was devoted to this incidental matter in the letter of the Assistant Under-Secretary of State to the Secretary of the Cremation Society, dated Feb. 21st last. If it were desirable to cremate the dead, certificates could of course be given, and the process of registration carried out precisely as at present. The only difference would be that some official in charge of the "works" would receive the certificate instead of the minister. The certificates given and recorded would be worth neither more nor less than at present, and so far as the routine at Somerset House is concerned, matters would go on there as now. It is with far greater difficulties than these those who support the movement, and Parliament if it approves the scheme, must be prepared to cope. Until the grave perils besetting the permission to cremate the dead were exposed and explained in these columns, it does not seem to have been clearly perceived that serious dangers to life were involved in burning the bodies of deceased persons. Even since the facts were clearly stated, our contention has been met by an irrelevant assertion to the effect that the mineral poisons would not be destroyed by fire. Those who submit this statement must be aware of its insignificant purport. Supposing it were enacted—albeit the supposition amounts to a legal absurdity—that the finding of such substances as arsenic and mercury in the ashes of a cremated body should be evidence in a court of law, by how many obstacles would the path of justice be impeded. It would, of course, be suggested, and with good show of reason, that the poison being found not in the body, but in the dust remaining *after* cremation, it might have been introduced after death! Then, again, the form of the foreign substance may be so changed in the process of heating that it would cease to be a poison. It is

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needless to pursue a line of argument which must be obvious. The proposal to reserve such parts of the body as usually furnish evidence of poisoning amounts to an admission that the scheme is socially impracticable. As Lord ONSLOW opportunely remarked, "there are poisons that permeate the entire body, and poison is not the only death by violence." If a body is destroyed, the records of any crime which may have been successfully concealed up to the time of cremation will be for ever effaced. Wrong-doers may rest secure, with no other terror than conscience, when the recourse to cremation has the sanction of the law. When that time arrives, it will be practically impossible to trace any crime of violence or verify any suspicion which may arise after the death of a victim; even the preliminary act of identification will be *physically* impossible. The calendar of hideous deeds against life and the person unhappily places beyond question that it would not be safe to forego the security which is offered by the retention of the corpse intact in the grave. While that terrible though silent witness remains, the perpetrator of a dark offence cannot be at his ease, and it is not in the interest of life or morality that he should be. Nor are we disposed to treat with perfect indifference the religious aspect of this question. Burial in the earth is the ordained manner of disposing of the dead; it is the method approved by tradition and authority; it is consonant with the sentiment of humanity, and harmonises with the workings of that spirit of faith and hope which still lingers in the hearts of many. We are not all so thoroughly "scientific" that we have ceased to be men.

There is, however, another phase of the question for which we are chiefly anxious to claim consideration. Why this fussy solicitude concerning the disposal of the dead? The allegation that dangers assail the living from the decent interment of the deceased, rests on a narrow basis. If the "earth to earth" system be adopted, no mischief can ensue, except one against which the community is, on other grounds, bound to protect itself. The only valid argument against rural churchyards and suburban cemeteries is that derived from the danger to surface-wells. These most pernicious sources of water-supply are condemned on counts far more conclusive than the allegation that water, like that furnished by the famous Aldgate pump, may be poisoned by percolating through an adjacent graveyard. Nature has provided for the purification of the staple drink of man a vast and perfectly effective filter in the earth's crust. She has constructed inexhaustible reservoirs for the continuous supply of our utmost necessities, deep below the surface. We, in our disregard of natural laws, when obedience happens to involve a little inconvenience, prefer to collect the water we require before it has passed through the great natural filter, or we draw our supply from the upper strata of the apparatus instead of the storehouse below? What can we expect? It is not alone the dead that poison us; we poison ourselves. The surface-water we elect to consume is polluted with sewage. Until we have cured this evil we need scarcely trouble ourselves beyond taking ordinary precautions as to the disposal of the dead. If the gentlemen who have formed themselves into a "Cremation Society" will substitute for the perilous and unpractical enterprise in which they have embarked, a movement to rectify the error of policy to which we have just adverted, and promote the substitution of deep for surface wells, they will escape from a false position, in which they are likely to sow mischief and reap disappointment, and, by the salutary reform we have suggested, make out a valid claim to the gratitude of society, which at the present moment they certainly do not possess. Nothing can be gained by pushing this scheme further. Popular and enlightened opinion is against it. The time of the Legislature would be wasted in considering it, and without a change in the law we hope and believe it cannot be carried into effect. By bringing the matter promptly before the House of Lords, the Earl of ONSLOW has simply forestalled more grave measures of procedure. The community is indebted to his lordship; and those who have, on insufficient grounds or mistaken premises, hitherto supported the movement, will do wisely to submit.

IN reply to a question by Mr. LEVESON-GOWER, whether a considerable saving might not be effected by the employment of militia surgeons in the place of army surgeons at the depôt centres, Colonel STANLEY intimated that "an arrangement was in contemplation for employing army medical officers on half-pay, care being taken that they should be fit to carry out their duties." We trust that before this economical scheme is decided upon, the question will receive due consideration with reference to its effects on the service, or Colonel STANLEY may find, too late, that the measures he has in contemplation for the reorganisation of the Medical Department may prove abortive, and the increased expenditure involved in them be money thrown away. The War Office Committee, in their Report, calculated the number of officers necessary for the efficient working of the Department on the basis of five years' foreign service with three years at home before again proceeding abroad, and, considering that a very large proportion of the foreign service must be in the tropics and under circumstances unfavourable to health, the proportion allowed for home service cannot be considered as at all beyond what is just and requisite. Already Colonel STANLEY has foreshadowed a reduction in the amount of home service, to all except a favoured few, in his proposal to attach officers for two or three years to regiments, for this cannot be done without an interference with the roster. If, in addition to this, medical officers on the retired or the half-pay list are to be employed at the depôt centres, the period of home service to the unfortunate men on full pay will be reduced greatly below that recommended by the Committee. Those who have had an opportunity of seeing the effect of long-continued tropical service upon the health, and of judging of the time requisite to restore men debilitated by this cause to a state of efficiency, will be able to realise what must be the consequence of this proposed arrangement. If carried to an extent to be appreciable as a measure of economy, it will be fraught with gross injustice to the Department, and with serious injury to the service generally; for such only can be the result of a system which will inevitably deteriorate the efficiency of the medical officers. Nor will its consequences be less fatal to the supply of candidates for the Department which is anticipated from the proposed new Warrant. If arrangements be made which will reduce the proportion of home service to foreign below that admitted in the War Office report to

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be necessary to efficiency, we believe that the terms of the Warrant will be rejected by the profession, and that the existing difficulty of obtaining a supply of candidates will be increased instead of diminished. One of the chief causes of the present objection to enter the service has been a feeling that justice has been withheld from the medical officers. How much stronger will that feeling be when the proportion of time to be served abroad is materially increased, and the few places at home where an officer might have a chance of recruiting his damaged health before going abroad again are filled up by men from the half-pay list, for the sake of effecting a paltry saving!

NOTHING can be more unreasoning or unreasonable than an Englishman's mode of almsgiving. At one time, reckless and indiscriminating, he throws his money broadcast; at another, on slight provocation, he becomes closefisted, harsh, and exacting. How many honest poor are left to languish and to die while rogues and rascals live in comparative luxury on the contributions of a good-natured but gullible public! Hospitals are especially liable to feel the effects of the whims and caprices of the public mind. For a few weeks in the year we hear much of the nobleness of charity, of the obligation of all Christian men and women to comfort and aid the sick poor, and appeals on behalf of hospitals are supported by persons who for the remainder of the year labour to show that the funds of these institutions are needlessly wasted. It is once more proposed to institute an inquiry into the hospital system of the metropolis. Last week a private meeting of influential persons interested in hospital administration was held at the residence of Sir T. FOWELL BUXTON, to discuss the present position of the hospitals and medical charities of London: how far they supply the wants of the population; their want of uniformity in the treatment of patients; their financial condition, and the possibility of introducing the provident system and better organisation by the aid of one central board for all the hospitals of London. Mr J. H. BUXTON moved that a deputation be appointed to wait on the Secretary of State for the Home Department, and request him to advise Her Majesty to appoint a Royal Commission to investigate and report on the subject. It was further resolved, on the motion of Mr. W. E. FORSTER, seconded by Sir RUTHERFORD ALCOCK, that a committee be appointed to collect and digest information, and to prepare a statement with a view to future action. May we hope that the last clause will not be lost sight of? There has been no dearth of committees, lay and medical, to inquire into and report on this matter, but hitherto there has been little useful action.

It cannot be denied that the out-patient system, as at present administered, is extremely unsatisfactory, and open to considerable abuse; but, on the other hand, those who are best acquainted with hospital administration believe many of the alleged evils are exaggerated when not factitious. Nothing short of a well-selected Royal Commission will meet the case. Many persons seem to fancy that hospitals should be reserved for paupers, whereas paupers have no more claim on these institutions than the affluent. The Poor-law Board undertakes the medical and surgical care of actual paupers, but provision is required for the classes above them, and the difficulty is to know where to draw the line in the ascending social scale. Who is a fit person for hospital relief? is a question easier asked than answered. Hospitals, speaking generally, secure the services of the best practitioners, and can, therefore, offer the best advice. There is no way by which those who are not at least comfortably off can obtain this advice except through the medium of hospitals. They cannot afford the physician's or surgeon's fee for a private consultation, and consequently must, under existing circumstances, resort to hospitals, giving a larger or smaller contribution to the funds of the charity. But this is not as it should be. In the first place, when persons even reputedly honest are allowed to decide for themselves how much they shall contribute for the advice they have received, they are tempted to give, not the most they can afford, but the least they think will meet the requirements of the case; second, the hospital, though professing to be supported by voluntary contributions, makes by this means capital out of the gratuitous services of its medical officers. No reform, therefore, will be acceptable or equitable unless it considers the class of persons who, though not actually indigent, are unable to pay the comparatively high charge which, in the absence of hospitals, would be necessary for private advice in grave ailments.

Annotations.

"Ne quid nimis."

ENGLISH VITAL STATISTICS FOR 1878.

THE Registrar-General has just presented to Parliament his Annual Abstract, showing the numbers of marriages, births, and deaths recorded in England and Wales during 1878. Notwithstanding the increase of population, the number of marriages was lower than in any year since 1870; and the proportion of persons married did not exceed 15·3 per 1000; so low a marriage-rate has not prevailed in England in any year since 1843. The 891,418 births exceeded those registered in any previous year on record; but if we take the increase of population into account, we find that the birth-rate, which was equal to 35·9 per 1000, showed a slight decline from the high rates that prevailed in the two preceding years. The 539,574 deaths in 1878 were equal to an annual rate of 21·7 per 1000, which, although exceeding the low rates that prevailed in the two preceding years, was 0·5 below the average rate in the forty years 1838–77. The rate of mortality among males was equal to 23·0, while among females it did not exceed 20·4 per 1000 living; the relative excess of mortality among males was, however, not so great as it had been in 1876 and 1877. The natural increase to the English population during 1878, by excess of births over deaths, was 351,844, and was considerably larger than in any previous year except in 1876 and 1877. The estimated increase of population during last year, which takes into account the balance between emigration and immigration, does not, however, far exceed 300,000.

In France vital statistics are not published with the same promptitude as in England, and the figures for 1877 have only just been issued. The marriage-rate in France has steadily declined from 19·5 in 1872 to 15·1 in 1877; and the birth-rate, which did not exceed 25·6 per 1000 in 1877 (against 36·2 in England), was the lowest on record since 1871, the year of the Franco-German war. The death-rate in France in 1877 was, as in England, considerably below the average, and was equal to 21·7 per 1000, which, however, exceeded by 1·3 the rate that prevailed in England. The

annual rate of increase of population in France is scarcely more than a quarter of that which prevails in England; it is only 0·4 per cent. in France, whereas it is 1·3 per cent. in England. This is mainly due to the low birth-rate which rules in France, arising from the small average proportion of children to each marriage.

DISQUALIFICATION BY MEDICAL RELIEF BILL.

THIS Bill has passed through the House of Commons, and a second reading in the House of Lords on the understanding that the Lord President will introduce changes in committee. The Bill is a very short one, and is meant to provide that a person shall not be politically disqualified as at present by receiving medical relief by entering public institutions. We have lately shown to what a great extent the metropolitan asylums for infectious diseases are used by the non-pauper classes. There is a universal feeling that the time has fully come when it must be recognised that medical relief is not essentially different from other relief, and that it behoves the various classes of society to be independent and self-supporting in this as in other respects. There is, it must be confessed, a complicating consideration. It is this, that persons not paupers hitherto are urged to go into those asylums supported by rates, not so much in their own interest as in that of the public. It seems hard, therefore, that the law should deprive them of a political right when doing what is necessary for the public good. The Duke of Richmond proposes to preserve the political rights of those who pay for their maintenance while in the public asylum, as is done by the Irish Poor Law. This seems a fair compromise in the interest of a spirit of self-help and independence.

THE LONDON UNIVERSITY AND THE ENGLISH CONJOINT SCHEME.

THE letter of Dr. Poore in THE LANCET of last week expresses a very natural feeling in regard to an undertaking by the University of London, and embodied in the Medical Act Amendment Act (University of London) 1873. By this Act the University virtually parted with the power of conferring degrees on any persons but those who had passed a conjoint examination in which the University co-operated. We agree with Dr. Poore that it was an error on the part of the authorities of the University to part with such a power except under the compulsion of an Act of Parliament securing a satisfactory one-portal system throughout the kingdom. It will be satisfactory to him to know that the Bill of the Duke of Richmond provides for the repeal of the Act. Meantime there is little probability of any local Conjoint Scheme coming into force which would require the University to fulfil its undertaking.

THE HOSPITAL SUNDAY FUND.

WE noticed very briefly three weeks ago the fact that the General Purposes Committee of the Hospital Sunday Fund (not the Council, as erroneously stated by some of our contemporaries) held a meeting at the Mansion House for the purpose of discussing a proposal of Dr. Glover to the effect that certain statistics should be produced by the Distribution Committee with the view of giving the Council more detailed and accurate knowledge of the actual basis upon which the award to each and every institution is made. This proposition was carried, and it is referred to a committee of seven members, "to consider the form of the tabular returns, and report upon the same to this (i.e., the General Purposes) committee." The terms of this resolution, as above quoted, are vague. The figures that the septet will produce may give much or little information, or none at all, at least no more than can be got out of a shilling guide to London charities. If we apprehend completely the real object of Dr. Glover and his supporters in this matter, we take it that a sort of suspicion has arisen in the minds of some to the effect that the income of some institutions benefited by the fund is not quite so carefully administered as it might be, and that the forthcoming statistics will show this, or, at all events, act as a gentle hint to the administrators of charities—i.e., committee-men, secretaries, medical officers, and others—as to the great importance of economy in dealing with the funds of institutions maintained by voluntary contributions. These, be it recorded, convey no unfavourable insinuation as to the manner in which the Distribution Committee has always performed the work for which it is constituted. The members have a most difficult and delicate task every year; indeed, we know of nothing at all analogous to it, and we believe that the administrators of hospitals and dispensaries often appreciate too little the enormous trouble and labour involved in wading through accounts and statistical tables, varying in style and arrangement to an almost inconceivable extent. If careful expenditure, united with a simple plan of account-keeping, were pretty constantly before the minds of the "great unpaid," as well as the salaried officials, a great deal more good would be effected by the same amount of money, and the work of the Distribution Committee of this fund would be simplified in direct and increasing proportion.

TYPHUS IN RUSSIA.

IT has been held desirable by the local authorities to institute inquiry into the sources of the typhus which has recently prevailed and still prevails in the province of Viatka. As the result of this inquiry, it is now reported that the disease was first introduced into the province by Turkish prisoners, and that afterwards it was disseminated by the movements of postillions, of the peasants, and by mendicants. The infected clothing also of those who had died of typhus formed a principal source of propagation of the malady. Typhus underwent a great development after its appearance in the primary school of the village of Roussanow. The pupils of this school, it is stated, carried the disease into their homes, and the disease was in this manner, it appears, mainly disseminated in twenty-six villages surrounding Roussanow, and of which the farthest was six or seven versts distant. The mortality in this district was 48 per cent. of the sick. Petechial typhus raged in many other parts of the province of Viatka, and was particularly prevalent in those localities in the months of January and February last. The women suffered most from the disease—a proof, it was held, that it is fostered by the vitiated atmosphere of the confined houses, in which the women spend the chief part of their time, while the men are for the most part engaged elsewhere. In addition to typhus, scarlet fever, diphtheria, and small-pox were prevalent in parts of the province.

THE CHIGNON-FUNGUS "REDIVIVUS."

MANY of our readers will remember the panic produced among the wearers and manufacturers of chignons in 1866 and 1867, as the result of certain observations of Lindemann, of St. Petersburg, who discovered what he took to be "gregarines" in certain samples of artificial hair, but which turned out to be a fungus growth. Mr. Malcolm Morris exhibited, on the 18th instant, at the meeting of the Pathological Society, several specimens of true "piedra," which he had received from a Parisian physician. In the discussion upon them, Dr. Tilbury Fox stated that the hairs exhibited were unquestionably identical with those figured by Dr. Beigel, in his little work on the hair, published in 1869, the fungus upon them being the *Pleurococcus Beigeli*, so named by Küchenmeister and Rabenhorst, of Dresden, both distinguished fungologists. The hairs had previously been

described and figured by Beigel in the Pathol. Soc. Trans. (vol. xviii.), and by another writer in Hardwicke's "Science Gossip" (May 1st, 1867). The "piedra" which has recently been under discussion in our columns is a different disease altogether, and is the well-known *trichorexis nodosa*. Mr. Morris's communication is interesting as furnishing the opportunity of recognising what the true "piedra" of South America really is. The condition is of no direct pathological interest; for the hair itself is not diseased, and it consists simply of a fungus growing upon some nidus on the exterior of the hair, derived extraneously.

THE SCOTCH BODIES AND THE GOVERNMENT BILL.

A DEPUTATION of Scotch members of the General Medical Council has had, during the current week, an interview with the Scotch members of Parliament. The deputation urged that the examination for medical degrees in the universities of Scotland is superior to that proposed in the Bill of the Duke of Richmond. So it should be, and nobody denies the fact; but that is not a reason for not having a high minimum standard. There is no guarantee that all universities will maintain their high requirements; whether or not, a *minimum State examination* is a necessity, and should be enforced independent of the various and fluctuating demands of individual bodies. It may be reasonable in the Scotch universities to demand inquiry into the probable effect of proposed legislation in their interests, and we shall be glad if they succeed in their demand. But it will be little to their credit if they project their interests as an obstruction in the way of obtaining a really satisfactory one-portal system. We expect better things of the Scotch universities than that. They educate largely the medical men of the empire, and they should take an imperial view of the question.

PAYING PATIENTS IN PUBLIC ASYLUMS.

THE 18th clause of the County Boards Bill, giving power to county boards to frame schemes for asylums for any class of imbeciles or insane poor who may lawfully be detained in a workhouse is as follows:—

"The managers of any asylum or school provided under the authority of this Act may from time to time receive as inmates of such asylum or school any persons, not being paupers, on such terms as to payment and otherwise as may in each case be agreed on, but subject to the sanction of the County Board where the County Board are not themselves the managers of the asylum."

We fully approve the clause. It preserves the independence of a certain number of persons for whom at present there is no alternative but to add the degradation of pauperism to the affliction of insanity.

THE "CRÈCHE."

THIS institution, borrowed from a continental community, which provides for the care of young children while their natural guardians are employed in daily labour, has strong claims on public sympathy. The crèche has been established in many districts as a partially self-supporting enterprise, and, under proper management, has been highly successful. Well conducted, the provision should meet the legitimate needs of many cases in which recourse has been, and it is to be feared still is, largely had to baby-farming. The infants of women who earn their bread by daily labour have been put out to nurse at a small rate of payment, probably often not forthcoming at the stipulated period; and the little ones have been neglected. Outside the area of the worst mischief done by baby-farming—that in which a malignant purpose is supposed to be at work—there is a wide zone of evil arising from the almost unavoidable withdrawal of maternal care during the hours of labour. And when the wearied mother does resume the custody of her offspring, she is in no condition to minister to its necessities, much less to its health and comfort. By opening houses where young children can be left by day, and from which they will be delivered to their parents, fed and cleanly, at night, a great deal is done to render baby-farming unnecessary. Institutions of this interesting and important class should be multiplied, and, conducted simply with an eye to the welfare of the poor, they will minister to a crying need, and do much to arrest an hitherto growing evil.

THE BRITON LIFE ASSOCIATION—which, it will be remembered, was constituted rather more than three years ago to carry out the obligations of the "Briton Medical and General Life Association," and to start a new enterprise of its own—is prospering both as steward and as independent trader. The business of the old Office is being conducted on commission, to the great advantage of its policy-holders; while no effort is spared to render the new enterprise successful. The increase of revenue from premiums on insurances effected during the year 1878 has been £6386 1*s.* 5*d.*, the additional sum assured being £201,258. With this increase of income may be counted £5679 11*s.* 8*d.* derived from single premiums received in respect of annuities granted by the Association, making a total of new business and new revenue acquired during the year amounting to £12,065 13*s.* 1*d.* Looking to the fact that the year has been anything but a prosperous one for the general community, this must be regarded as encouraging. The aggregate income of the Office is £23,319 11*s.* 7*d.* The expenditure proper (comprising commission, general management, fees, income-tax, branch offices, and agencies, together with the interest on share capital) is large, but not an undue charge, *pro rata*, for the work done by an Office in its *third* year. During 1878 thirteen claims arose on death, representing a disbursement of £2751 19*s.* 3*d.* The Association paid in annuities £267 0*s.* 11*d.*, and for policies surrendered £94 2*s.* 11*d.* With prudent management, and bold but careful enterprise in new lives judiciously selected, the Office has a promising commercial career before it, and claims the best wishes of the profession. It is liberal in its dealings with medical insurers and examiners, and the profession is fairly represented on the Board and the staff.

DR. FORDYCE BARKER read an interesting paper last month before the Medical Society of the State of New York "On the Use of Jaborandi or Pilocarpine in the Treatment of Puerperal Albuminuria and Convulsions," which is now published in the *Medical Record* of New York. After describing six cases which he had treated with the drug, the author concludes by expressing his conviction that the utility of jaborandi in the treatment of puerperal albuminuria is more than doubtful, and that, after puerperal convulsions, its depressing influence and action, which is continuous and exhausting, prevents sleep and the repose of the nervous system, and thus renders it a dangerous remedy. A perusal of Dr. Fordyce Barker's paper cannot fail to induce medical men to regard jaborandi or its alkaloid with grave suspicion when the question of its administration in the class of cases here given comes to be considered.

THE result of the Preliminary Examination in general knowledge for the Membership and Fellowship of the Royal College of Surgeons of England, which was held at the University of London on the 11th, 12th, and 13th inst. has just been made known to the candidates. It is stated that 208 candidates were successful for the Membership, and 65 for the Fellowship—together forming nearly three-fourths of the total number admitted to examination.

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WE observe with great satisfaction that the *Gazette* of the 21st inst. announces the promotion of "Surgeon James Henry Reynolds, M.B., to be Surgeon-Major (supernumerary), in recognition of his gallant services in the defence of Rorke's Drift post against the attack of the Zulus on the night of the 22nd January, 1879." This prompt recognition cannot fail to prove gratifying to his brother officers in the department and to the members of the profession generally. Mr. Reynolds entered the service in 1868, having joined the medical school at Netley on the 31st March in that year. We have no doubt that Surgeon-Major Reynolds will share in any further honorary rewards which may be conferred on the officers concerned in this gallant affair.

THE delegate of the Russian Red Cross Society, Dr. Weiss, telegraphs from Rustchuck to the Central Committee that the evacuation of the sick and wounded of the Army of the South in sanitary trains, by way of Roumania, had ceased, and that for the future the evacuation will be continued, by way of the Danube, in boats. There were still 3000 sick in the Roumanian hospitals.

THE CASE OF JOHN NOLAN.

THE Report of the Medical Commission appointed to inquire into the circumstances of the death of John Nolan in Clerkenwell Prison last November is now published. The Commissioners find "that the punishments inflicted on the prisoner were not excessive, whether measured by the power of the governor to inflict them or of the prisoner himself to sustain them; that Nolan's death was neither induced nor accelerated by the repeated bread-and-water punishments to which he was subjected; and that the prisoner was treated during his fatal illness with skill, attention, and indulgence." This statement exonerates the medical officer and the governor of the prison from the censure laid on them by the verdict of the coroner's jury, and, we think, is in the main justified by the evidence of both officers as given before the Commissioners. Whilst we heartily congratulate these officers on the satisfactory issue of the inquiry as regards themselves, we wish we could express the same feeling of satisfaction with regard to the Report itself.

It is evident Nolan's death was due to some exceptional conditions, and it was certainly one of the duties of the Medical Commission to investigate thoroughly the causes that led to the unfortunate event. Now the Commissioners agree that death was caused by acute inflammation of the lungs—or, as they prefer to term it, *subacute;* and they attribute this inflammation to exposure to cold at a time when there existed a markedly low temperature, high winds, and extreme dampness of atmosphere. Now death from idiopathic subacute inflammation of the lungs in a young healthy adult (and the Commissioners state that the prisoner was in good health when admitted, on the evidence of the surgeon's certificate) is of exceptionally rare occurrence. Professional experience would lead us in such a case to expect that the patient suffered from some latent constitutional disease that escaped attention in its early stage, or that in Clerkenwell Prison sanitary defects exist which determined the fatality of an attack of subacute inflammation of the lungs.

With respect to the latter supposition we find the Commissioners make no mention of the general sanitary condition of the prison as regards water-supply, state of closets, and the possibility of the access of sewer gas into the building. This omission is especially strange, as at the commencement of the report they themselves define their duties as relating "to the probable causes of that illness, and whether they arose out of the regulations or *sanitary conditions* of the prison." Their excuse for not doing what appears to us to have been a very obvious duty is that they thought it less needful "to inquire farther into the sanitary conditions under which Nolan lived in prison, as his death is not attributed by the coroner's jury to a defect in any one of those conditions." But surely if they were called upon to determine whether the causes of illness arose out of the regulations or sanitary condition of the prison, the examination of the sanitary condition of the prison was as important an element in the inquiry as the examination of the prison regulations, whilst nothing would so effectually have cleared the officers of the prison from the imputation cast on their conduct as tracing the cause of illness to some accidental exposure of sewer-gas or contaminated water.

As to the first supposition, in the absence of a post-mortem examination the Commissioners declare themselves unable to assert more than that death followed on subacute inflammation, the statement of its being induced by cold being only an hypothesis of their own. In the absence, therefore, of any direct pathological evidence, should they not have paid more attention to the collation of the clinical facts? This they have not attempted.

The history of the case, as far as we can gather from the scattered notices in the report, is briefly as follows:—An apparently healthy young man is imprisoned, and in five weeks he loses nearly one-nineteenth of his weight, and suffers from incontinence of urine. This incontinence, which was attributed to negligent and dirty habits, it is important to notice was confined to the wetting of the prisoner's bedclothes and trousers, and only once was he charged with soiling his cell, and that when he complained of relaxed bowels. It is also important to note that the date of his lowest weight coincides with his *treatment* for this incontinence, by putting a small blister to his back.[1] With a temporary cessation of the incontinence, and on an improved dietary, he regains his lost weight by the date of his admission to the infirmary. Here the symptoms noted are a slight cold, with swelling of the ankles, preceding the lung affection, and disappearing quickly after rest in bed (no evidence of heart disease, albuminuria, or general anæmia, nor was the swelling accompanied by any pain). Then, two days after admission, pneumonia develops, insidiously running its course for sixteen days, with delirium two days before death, the fatal termination of the case being apparently hastened by excitement arising from the knowledge that his sentence had expired, and anxiety to see his friends. The result, moreover, was rather unexpected by the attendants. We look in vain through the report for questions bearing on the progress of the disease. What was the nature of the swelling of the ankles? Such swelling is not apt to occur spontaneously in persons in "good health," or to precede idiopathic subacute inflammation of the lungs. What were the thermometric observations in the course of the disease in the infirmary wards? for we suppose that in a well-regulated prison such observations are scrupulously made and recorded. Was the urine systematically examined? was it tested for sugar as well as for albumen? What were the characters of the closing symptoms? was there anything like rapid coma, sudden oppression of breathing, with acceleration of the heart's action? Such questions, we venture to think, would occur to most practitioners investigating an obscure case, and we think the omission of any pertinent questions in this branch of the inquiry shows either a great want of clinical acumen or most regrettable negligence. The Commissioners have entirely failed to solve two of the most important points out of the three proposed for their investigation—viz., 1. "The nature of the illness of which the prisoner died." 2. "The probable causes of that illness, and whether they arose out of the regulations or sanitary condition of the prison." Without a solution of these points it is impossible to speak positively with regard to the third clause of the report—"Whether any blame is attributable to the officers of the prison," and the acquittal of the officers of the prison from the grave charges laid on them by the coroner's jury is due to the character of their own evidence rather than to any facts the Commissioners have been able to gather about the condition of the prison or the illness of the prisoner.

[1] Was this treatment carried out in the infirmary, or in the prisoner's cell? If it was thought necessary to treat the affection, was it right also to punish for it?

VAILABLE

THE PLAGUE.

PROFESSOR EICHWALD has made a provisional report on the present state of Vetlianka, on the Volga, the place where the recent plague first showed itself in the province of Astrakhan. In accordance with instructions given to himself in association with Madame Bestoujew, they proceeded to make a detailed examination of the inhabitants of the stanitza. In the early morning of the 8th March these were enumerated, and from the 9th to the 14th March the people were submitted to a medical visit. The men were examined by Professor Eichwald, with the assistance of Drs. Krassovsky, Sniguirew, Malinene, and sometimes the foreign medical commissioners; the women and children of tender age by Madame Bestoujew. Professor Eichwald, moreover, visited also all the women who had been ill since the appearance of the epidemic, and all persons who presented any doubtful symptoms. This makes the second examination to which these persons had been subjected. The people submitted eagerly to the medical examination, and had rendered willing obedience to the measures ordered by Count Orlow-Denissow, aide-de-camp to the Emperor, and by M. Pissarew, delegate of the Red Cross. The inhabitants were found to be in the enjoyment of excellent health, all who assisted in the examination being astonished at the vigour they manifested.

Dr. Sniguirew will presently report in detail on the facts collected during the examination; but it may be stated, in summary, that the stanitza contained 243 cottages and 1442 inhabitants, 657 being males and 726 females. Altogether, 271 persons were reported to have suffered from the epidemic, of whom 81 recovered and were subjected to examination. Ten of the latter presented the cicatrices of healed buboes; eighteen had still slight enlargement of the lymphatic glands, the relics of the previous attack; while one woman, who had fallen ill in the month of November, had an unhealed wound, also remaining from the disease. In the 53 other persons said to have been attacked by the epidemic, no trace of it could be discovered, and, in the absence of exact data, it may be doubted whether they had suffered from it. During the ten days Professor Eichwald passed at Vetlianka, he visited, in company with Dr. Malinene and several of the foreign physicians, all the sick in the stanitza. There were eight of them, none suffering from the epidemic. The favourable state of health exhibited by the population was explained by the fact that they were living under excellent hygienic conditions, the habitations being spacious and of exemplary cleanliness—a proof of the comfort of the proprietors. There was not a trace of the calamitous circumstances which ordinarily accompany plague; and the conditions of soil and climate were inimical to the disease. It is concluded, therefore, that the malady was imported into the place.

Notwithstanding this favourable state of things, and that the duration of the quarantine of the stanitza has been more than exhausted, Prof. Eichwald, in view of spring, has recommended the establishment of an encampment of Kibitkas, about a verst from Vetlianka village, to be ready in case of need for the isolation of the sick and the persons who have lived with them. The wisdom of this course appears to be confirmed by a telegram received in Berlin on the 23rd or 24th March, from Dr. Sommerbrod, one of the German medical commissioners, to the effect that a new case of plague occurred in Vetlianka on the 21st inst. As the result of the inspection Prof. Eichwald recommended that the quarantine imposed upon the stanitza should be removed, and in this recommendation Professors Hirsch and Besiadetsky, all the Russian physicians who took part in the medical examination, Count Orlow-Denissow, and M. Pissarew concurred.

A correspondent of the Russian journal, the *Voice*, states that after the termination of the medical inspection of Vetlianka, the women of the stanitza assembled and gave an "ovation" to Madame Bestonjew, with which that lady was profoundly affected.

The same journal also states that on Sunday, the 16th March, after mass, a funeral service was celebrated at Vetlianka, in memory of the three physicians, Koch, Grigoriew, and Morozow, who fell victims to the epidemic there. The former colleagues of these gentlemen, the foreign medical commissioners, and all the local authorities assisted at the service. Afterwards a procession formed, which marched round the stanitza, and the ceremony terminated by prayers being said and thank-offerings made in the square of the village.

According to the latest news, Professor Eichwald, in the course of his inspection of Vetlianka, discovered certain correspondence of, and a diary which had been kept by, a priest there, who had died of the epidemic on Dec. 27th last, and which Professor Eichwald believes will throw a new light upon the origin of the outbreak. The greater number, if not all, the foreign medical commissioners had terminated their work for the present in the infected area, and proceeded towards Astrakhan. Twelve of them were undergoing quarantine at Zamiane on the 22nd inst., before being suffered to pass the sanitary cordon.

A death from suspected plague occurred in Odessa on the 12th March.

Correspondence.

"Audi alteram partem."

THE TEACHING OF MIDWIFERY IN LONDON.

To the Editor of THE LANCET.

SIR,—While I sympathise with much of what Dr. Playfair says on this subject in your issue of March 22nd, I desire to make some statements which are not in accordance with some of his, and are of interest in the present crisis of medical reform.

Speaking of a course of not less than three months being required, he writes:—"In making this regulation, the committee could not have been ignorant of the fact that the teachers of midwifery in London were unanimously of opinion that it was impossible to teach these subjects in so short a space of time, and that they were most desirous of having the curriculum on this point assimilated to that which exists in Scotland, and I believe in Ireland also, where a six months' course is imperative. In plain words, this amounts to a resolution that midwifery and gynecology shall not be taught at all, since the attempt to do so, in a summer course of under forty lectures, is nothing short of a solemn farce."

In Scotland a three months' course with a certificate of attendance on six cases is all that is required by the Corporations. For the College of Surgeons the course must include not fewer than fifty lectures. The Universities require a five months' course.

In St. Bartholomew's Hospital the teaching in this department is as follows:—1. A three months' course of above seventy lectures. 2. A six months' course of twelve clinical lectures on gynecology. 3. Clinical instruction in the wards three days every week. 4. Instruction in the out-patient room twice weekly. 5. Tutorial classes for instruments, &c. 6. Out-door practical midwifery.

Still further extension of the teaching of midwifery is under consideration.

Your obedient servant,
J. MATTHEWS DUNCAN.

Brook-street, W., March 22nd, 1879.

OSTEOTOMY FOR GENU VALGUM AND VARUM.

To the Editor of THE LANCET.

SIR,—I believe myself justified, according to the rules of controversy, in asking a little space in your journal for a reply to Dr. Macewen's letter of February 15th, since the matter began with his strictures on certain lectures of mine published in another place. It is not my intention to go over that ground again, nor to follow Dr. Macewen's example in picking up little verbal inaccuracies, such as using a plural instead of a singular, &c., otherwise I should find plenty of material in his letter; as, for instance, that my communication (January 25th) consists of four paragraphs, &c. I hold such a tone to be captious, unscientific, and

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quite unworthy the high reputation Dr. Macewen so deservedly enjoys.

I, putting aside such cavils, state the matter broadly thus:—On February 14th, 1878, I undertook the cure of a genu valgum: the procedure consisted in division of femur, and of tibia and fibula. At the above date I divided the first of these bones, stating to the class and visitors then present what the rest of the treatment would be. I consider, therefore, the whole case to bear the date February 14th, and Dr. Macewen's taunt, that I am not even up in the date of my own operation falls harmless to the ground. Even if I were, as he asserts, wrong, it would avail him nothing, for the next step—division of the two last-named bones—was done on March 7th, while Dr. Macewen, says (LANCET, February 15th) that he himself first divided a leg-bone for genu valgum on April 14th, 1878. Whether or no so small fragile a bone as the fibula be simply broken without the aid of the chisel or after scotching it with that instrument is of infinitely little importance, far too slight to support a claim as if for a new operation. It seems, therefore, impossible to see upon what grounds Dr. Macewen asserts any priority. But the object of my first letter was not to vindicate a priority about which I really do not care a penny, but to exonerate myself from certain implications, almost charges of disingenuousness, which Dr. Macewen threw out in his lecture of December 28th. Now, when I had already delivered certain lectures on my osteotomies, Dr. Macewen's paper appeared in THE LANCET, March 30th, 1878. I, not understanding his mode of operation, wrote to him for information, and after an interval received a reply, from which Dr. Macewen quotes the following phrases:—"Under some circumstances I remove a wedge of bone, under others I make an incision with graduated chisels." "When making the oblique incision I do so in the line indicated for Ogston's operation; but I obviate the serious objection to Ogston's operation by removing a wedge from the inner condyle, and only bending the part of the bone." It appears to me that I cannot be blamed if I took this explanation by the author himself as the answer to my question about his mode of operation, and if I therefore concluded that it differed in every particular from my method—a simple section transversely across the bones.

But it now appears that Dr. Macewen also, and, indeed, chiefly, operates by transverse division of the femur, and sometimes of the tibia. These operations may or may not be, I care not which, anterior to mine. I am, at all events, quite ready to believe that Dr. Macewen's work was as independent of me as I know mine to have been of him. Therefore, as the mere question of priority has no interest for me whatever, I shall not be induced to say a word more on the subject, except that I fully recognise the good feeling evinced in the phrase which concludes his letter. If he will only believe that I have never intended or endeavoured to overlook, to slight, and still less to misappropriate, any of the excellent work he has done, I can wish him God-speed in his labours with a heartiness and kindliness quite equal to his own.

Yours truly,

RICHARD BARWELL.

George-street, Hanover-square, 1st March, 1879.

PARLIAMENTARY PROCEEDINGS.

HOUSE OF LORDS.

Thursday, March 20th.

MEDICAL ACT (1858) AMENDMENT BILL.

On the motion for going into Committee on this Bill,

Lord EMLY expressed his opinion that it was in the last degree necessary to put a stop to that competition in the granting of diplomas which now existed among the nineteen different medical licensing bodies of the United Kingdom. A statement had been sent him of the case of a candidate who, having been rejected at a medical examination in Dublin, went up to the College of Physicians of Edinburgh within three weeks and obtained his diploma as licentiate from that body. In the Bill of last year and in a previous Bill it was proposed that the General Medical Council should frame the standard of examination which was to be conducted by the joint Board. In the Bill now before their lordships it was provided that the standard should be framed by the medical corporations and subsequently approved by the Medical Council. This was not going far enough. The College of Physicians in Ireland described it as a plan by which the number of licensing bodies would be reduced from nineteen to three—one for each kingdom. On Clause 15 he would propose an amendment to vest in the Medical Council the framing of the standard of examinations.

The Duke of BUCCLEUCH expressed his concurrence in the prayer of a petition which he had presented from the physicians and surgeons of Glasgow. They asked that there should be an inquiry by select committee or Royal commission into the whole system of medical training. Such an inquiry would show what admirable medical schools were conducted by the Scotch universities. He would make inquiries into the case brought forward by the noble lord (Lord Emly) if the name were furnished.

The Duke of RICHMOND and GORDON said he would reserve his remarks on the suggestion of the noble lord (Lord Emly) till Clause 15 was under discussion. As to the inquiry advocated by his noble friend the noble duke, he could not concur with the petitioners and his noble friend that further inquiry on the subject was necessary.

Their lordships then went into committee on the Bill, and clauses up to Clause 4 inclusive were agreed to after the insertion of verbal amendments proposed by the Duke of Richmond and Gordon.

On Clause 5, the Marquis of RIPON said that by its provisions three Examining Boards would be set up, one for each of the three divisions of the United Kingdom; but the person who had passed the examination of one of those Boards could not get on the Medical Register without having applied to one of the nineteen medical corporations for its diploma. Why should such a requirement be interposed? Its result would be to introduce a vague distinction between the names on the Medical Register, though every person whose name was on it must have passed the same standard examination. If the medical corporation applied to [by the candidate refused to grant him its diploma, he could then get on the Register without it. Why, then, should it be necessary to seek the diploma of any one of those corporations? At first the effect would be to place persons who were refused a diploma at a disadvantage; but in the long run the result would be to discredit the medical corporations themselves.—The Duke of RICHMOND and GORDON said that, as his noble friend knew, there were great difficulties in legislating on this subject. The provision to which his noble friend objected had been introduced in consequence of the strong representation of the medical corporations, and he was glad that his noble friend did not meet it with an amendment.—The clause and clauses up to fourteen inclusive, were agreed to.

On Clause 15, Lord EMLY moved an amendment, the object of which was to make the Medical Council the authority to frame the standard examination of the Conjoint Board.—The Marquis of RIPON supported the amendment, believing it was calculated to secure uniformity of examination.—Lord O'HAGAN also was in favour of the amendment, which he believed to be a wise and salutary one.—The Duke of RICHMOND and GORDON had looked into this question in consequence of various representations which had been made to him, and as he had the greatest confidence in the General Medical Council, and was anxious that there should be complete uniformity of examination, he would accept the amendment of the noble lord.—The amendment was then agreed to.

Lord EMLY proposed an amendment, the object of which was to give the Medical Council the power of fixing the fees to be paid under each of the examining boards.—The Duke of RICHMOND and GORDON could not accept the amendment as proposed, but he would consider the question which it raised.—The Marquis of RIPON hoped his noble friend (the Duke of Richmond and Gordon) would see his way to the adoption of the principle laid down in the amendment.—The amendment was not pressed.

The Duke of BUCCLEUCH moved an amendment in Subsection 3 to enable medical students of the Scotch Universities to take their degree without having to undergo so many examinations as they had now to pass. The medical school of Edinburgh was second to none in Europe, and the standard of education in that school as well as in those of Glasgow and Aberdeen was very high.—The Marquis of LOTHIAN, in seconding the amendment, fully endorsed the view taken by the noble duke as to the high character of medical schools in Scotland.—The Duke of RICHMOND and

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GORDON fully admitted the value of the Scotch Universities and the world-wide reputation of the University of Edinburgh, particularly as a medical school; but at the same time he was unable to accept the proposal of the noble duke, which struck at the very root of the measure. (Hear.) The object of the present Bill was to establish a single Conjoint Board in each division of the kingdom to take the place of the numerous licensing bodies that now existed, and thereby to establish a uniformity of examination. If the amendment of the noble duke were agreed to, the English, Scotch, and Irish universities would all alike claim the power of licensing, and thus, including the Conjoint Boards, they would have no less than thirteen licensing bodies.—The amendment was then negatived, and the clause and clauses up to twenty-four were agreed to.

On Clause 25, which dealt with the examination and registration of midwives, the Duke of RICHMOND and GORDON said that as the subject was a very important one he thought it would be better to strike out the clause and bring in a separate Bill upon the matter. The clause was accordingly struck out.

The remaining clauses of the Bill were then agreed to.

Medical News.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on March 20th:—

Brandreth, Chas. Lewis, Avenue-parade, Accrington.
Hardy, Henry Louis Preston, Finchley.
James, Alfred, Brynteg, Merthyr Tydfil.
Turton, James, Florence-road, Newcross.

The following gentlemen on the same day passed the Primary Professional Examination:—

William Jenner Clarke, Charing-cross Hospital; Arthur Robt. Raine, London Hospital; Henry George Terry, St. Bartholomew's Hospital.

COLLEGE OF PHYSICIANS IN IRELAND.—At the March examinations the following obtained the licences in Medicine and Midwifery:—

MEDICINE.—Julio Page Burke, J. S. Crosbie Conry, Henry Pentland, James Dixon Roberts, John Sinclair.
MIDWIFERY.—Julio Page Burke, J. S. Crosbie Conry, Isaac C. Dundee, James Fulton, Niel Gillies, Henry Pentland, John Sinclair.

IT is stated that 1500 sheep have died within the past few months in the county Clare from liver disease.

WILLIAM D. JONES, Esq., was unanimously elected alderman at a meeting of the Ruthin Town Council, held on the 17th inst.

APPLICATION is to be made to the Local Government Board by the authorities of Ludlow for power to borrow £6000, to be applied to the laudable purpose of procuring a better water-supply, which, according to report, is much needed.

THE deaths registered in London last week numbered 2085, representing an annual mortality-rate of 30·0 per 1000, a higher rate than has been recorded in any other week during the present winter. Fifteen deaths were due to small-pox, 21 to measles, 33 to scarlet fever, 13 to diphtheria, 101 to whooping-cough, 20 to different forms of fever, 12 to diarrhœa, 479 to bronchitis, 161 to pneumonia, and 60 to violence.

VACCINATION GRANTS.—Dr. J. F. Staines, of Bloomsbury-square, and Mr. Nathan Hannah, of Ashton-in-Makerfield, have received the Government grant for efficient vaccination.

PRESENTATION.—An illuminated address and purse of sovereigns have been presented to Dr. Brooke Wolseley, of Dunfanaghy, county Donegal, by his friends in that district, on his leaving that place to practise in England.

LEDWICH SCHOOL OF MEDICINE, DUBLIN.—At a meeting of the Board held on the 15th inst., Dr. Purefoy, obstetric physician to the Adelaide Hospital, was elected lecturer on Materia Medica; and Dr. C. H. Robinson lecturer on Botany. The latter gentleman has, however, declined to accept the chair of Botany; and Dr. McNab, who lately held it, will, we understand, again lecture this summer.

BELFAST OPHTHALMIC AND AURAL INSTITUTION.—During the past year 826 cases of eye and 176 of ear disease were under treatment at the extern department of the charity, and 90 were intern patients. Every deserving case is attended without charge where the patient is unable to pay, others being admitted into the wards at a nominal sum.

DONATIONS ETC. TO MEDICAL CHARITIES.—Mr. Philip Cazenove has given £1000 to the Royal London Ophthalmic Hospital, on resigning as chairman of the committee, from ill health. Miss Priscilla Sarah Bradley, of Wimpole-street, bequeathed the "residue" of her estate, which will amount to nearly £10,300, to the Brompton Hospital for Consumption, the Middlesex Hospital, St. Mary's Hospital, the Royal Free Hospital, and University College Hospital, upon the death of three annuitants, and after the payment of £600 to three other charitable institutions. Lady Louisa Percy has given £400 to the Royal London Ophthalmic Hospital. Mr. Foster, of Queensbury, bequeathed £1000 each to the Bradford Infirmary and the Halifax Infirmary.

Medical Appointments.

ANGELL, Mr. A., has been appointed Public Analyst for the Borough of Newport, Isle of Wight, at £10 10s. per annum, 10s. 6d. for each analysis of food or drugs, and 21s. for each analysis of water.

BAKEWELL, R. H., M.D., M.R.C.S.E., has been appointed Surgeon-Superintendent of the Totara District Hospital, Ross, Westland, New Zealand.

BENTON, S., L.R.C.P.L., M.R.C.S.E., & L.M., has been appointed Honorary Surgeon to the North-West Hospital for Diseases of Women and Children.

BOND, W. J., M.B., has been reappointed Medical Officer of Health for the No. 7 Sub-district of the Aylesbury Rural Sanitary District, at £15 for one year.

CAITHNESS, J., M.D., C.M., has been appointed Public Vaccinator for the Llanrhaiadr District of the Ruthin Union, vice Pierce, resigned.

CAMERON, J., M.D., L.R.C.S.Ed., has been appointed Medical Officer and Public Vaccinator for the Epworth District of the Thorne Union, and Medical Officer of Health for the Epworth Sub-district of the Thorne Rural Sanitary District, vice A. Cameron, M.D., C.M., resigned.

CEELY, R., F.R.C.S.E., has been reappointed Medical Officer of Health for the No. 3 Sub-district of the Aylesbury Rural Sanitary District, at £12 12s. for one year.

CHRISTIE, W. J., M.B., L.R.C.S.E., has been appointed House-Surgeon to Leith Hospital.

DAVIDSON, A., M.B., M.R.C.S.E., has been appointed Assistant House-Surgeon to Leith Hospital.

DOUGLAS, A. H., M.D., F.R.C.P.Ed., has been appointed Medical Officer to the Orphan's Hospital, Dean, Edinburgh, vice Brown, resigned.

EWART, J., M.R.C.S.E., has been reappointed Medical Officer of Health for the Accrington Urban Sanitary District, at £40 per annum, for three years.

FRANEY, E., M.R.C.S.E., L.S.A.L., has been reappointed Medical Officer of Health for the Banbury Rural Sanitary District, at £100 per annum, for three years.

HALL, J. C., M.B., has been appointed Medical Officer, Public Vaccinator, &c., for the Scotstown Dispensary District of the Monaghan Union, vice Irwin, appointed to the No. 1 Kilkeel Dispensary District and the Workhouse, Kilkeel Union.

HOOPER, C., M.R.C.S.E., has been reappointed Medical Officer of Health for the No. 1 Sub-district of the Aylesbury Rural Sanitary District, at £18 for one year.

JONES, W. D., L.R.C.P.Ed., M.R.C.S.E., has been appointed Medical Officer for the Ruthin District of the Ruthin Union, vice T. Jones, M.R.C.S.E., deceased.

KENDALL, W. B., L.R.C.P.Ed., M.R.C.S.E., has been reappointed Medical Officer of Health for the Kidsgrove Urban Sanitary District, Staffordshire, at £20 for one year.

LE CRONIER, H., M.R.C.S.E., L.R.C.P.L., has been appointed Resident Medical Officer to the Marylebone General Dispensary, vice Blake.

LEE, R., M.R.C.S.E., has been reappointed Medical Officer of Health for the No. 6 Sub-district of the Aylesbury Rural Sanitary District, at £18 for one year.

MASON, H. H., M.R.C.S.E., L.S.A.L., has been appointed Medical Officer of Health for the East Ham Urban Sanitary District.

OGLE, W., M.D., F.R.C.P.L., has been reappointed Medical Officer of Health for the Bishop-Stortford, Buntingford, and Ware Rural, and Bishop-Stortford Urban, Sanitary Districts, at £500 per annum, for five years.

O'NEILL, H., M.D., has been appointed an Assistant-Surgeon to the Extern Department of the Belfast Royal Hospital.

PARRY, G. H., L.R.C.S.Ed. & L.M., M.R.C.S.E., L.S.A.L., has been appointed Medical Officer and Public Vaccinator to the Snettisham District of the Docking Union, vice Flocton, resigned.

PATERSON, R. H., L.R.C.P.Ed. & L.M., M.R.C.S.E., has been re-appointed Medical Officer of Health for the Gainsborough Rural Sanitary District, at £50 per annum.

POPE, E., M.R.C.S.E., has been reappointed Medical Officer of Health for the No. 2 Sub-district of the Aylesbury Rural Sanitary District, at £15 for one year.

PUREFOY, R. D., M.B., L.S., has been appointed Lecturer on Materia Medica and Therapeutics at the Ledwich School of Medicine, Dublin, vice McDowell, deceased.

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ROBINSON, C. H., F.R.C.S.I., L.K.Q.C.P.I., has been appointed Lecturer on Botany at the Ledwich School of Medicine, Dublin, vice McNab.

SAVORY, C. T., M.D., M.R.C.S.E., L.S.A.L., has been appointed a Surgeon to the City Provident Dispensary and Surgical Appliance Association, Aldersgate-street, vice Langford, resigned.

SHAW, W., M.B., M.R.C.S., has been appointed Junior House-Surgeon to the General Hospital and Dispensary, Cheltenham.

SPENCER, C., M.R.C.S.E., has been reappointed Medical Officer of Health for the No. 4 Sub-district of the Aylesbury Rural Sanitary District, at £23 8s. for one year.

STOKER, W., F.R.C.S.I., L.K.Q.C.P.I., & L.M., has been appointed a Surgeon to the Jervis-street Hospital, Dublin, vice Kilgarriff, appointed a Surgeon to the Mater Misericordiæ Hospital.

TATTERSALL, W. J., L.R.C.P.I., M.R.C.S.E., L.S.A.L., has been appointed Medical Officer and Public Vaccinator for the Hale and Woolton Districts of the Prescot Union, vice Little, resigned.

WALKER, T. H., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Public Analyst for the City of Carlisle, at £12 per annum and 10s. 6d. per analysis.

WILCOX, H., M.B., M.R.C.S., has been gazetted Acting Surgeon to the London Rifle Brigade.

WILCOX, R. W., M.R.C.S.E., has been reappointed Medical Officer of Health for the No. 5 Sub-district of the Aylesbury Rural Sanitary District, at £25 10s. for one year.

WILLIAMS, Mr. R., has been appointed Surgeon to the Liverpool Eye and Ear Infirmary.

WOOD, M. A., jun., L.R.C.P.I., F.R.C.S.E., has been appointed Certifying Factory Surgeon for the Ledbury District.

WORKMAN, C., M.D., has been appointed an Assistant-Surgeon to the Extern Department of the Belfast Royal Hospital.

Births, Marriages, and Deaths.

BIRTHS.

BUSTEED.—On the 22nd inst., at Leamington-road Villas, Westbourne-park, the wife of H. E. Busteed, M.D., Surgeon-Major, Indian Army, of a daughter.

DOUGLAS.—On the 18th inst., at Leicester, the wife of Claude Douglas, L.R.C.P.I., of a son.

LAND.—On the 18th inst., at Cobham, Surrey, the wife of William John Land, M.R.C.S.E., of a son.

PURVIS.—On the 20th inst., at Royal-hill, Greenwich, the wife of John Prior Purvis, M.R.C.S.E., of a daughter.

SHEARMAN.—On the 20th inst., at The Hollies, Swinton, near Manchester, the wife of W. M. Shearman, M.R.C.S.E., of a daughter.

SMITH.—On the 24th inst., at Coxwold, Easingwold, the wife of James W. Smith, L.R.C.P.I., of a daughter.

MARRIAGES.

PORTER—ATHERLEY.—On the 1st inst., at St. James's, Cheltenham, Alexander Porter, M.D., to Maud Mary D'Arcy, daughter of General M. K. Atherley.

SNELL—WOODLEY.—On the 20th inst., at the Parish Church of Athucan, co. Cork, Ireland, by the Rev. Canon Freke, assisted by the Rev. J. St. Ledger Aldworth, Rector of the Parish, Simeon Snell, M.R.C.S., of Sheffield, to Anne Christiana, second daughter of the late Francis Woodley, Esq., J.P., of Leades House, co. Cork.

DEATHS.

COLE.—On the 6th ult., at James Town, St. Helena, Edward Francis Jenkins Cole, M.R.C.S.E., aged 26.

ELLIOTT.—On the 16th inst., at Upper Norwood, Gilbert Elliott, M.D., aged 73.

FORREST.—On the 20th inst., at Stirling, William Hutton Forrest, L.R.C.S.Ed., aged 80.

HALL.—On the 21st inst., at Derwent House, Torquay, Charles Radclyffe Hall, F.R.C.P.I., aged 59.

HURLOCK.—On the 17th inst., at Hanover-crescent, Brighton, the Rev. Joseph Hurlock, M.D., aged 91.

HUTCHINGS.—On the 19th inst., at Camberwell, Henry E. Hutchings, M.R.C.S.E., late of Canterbury, aged 45.

LAWRENCE.—On the 12th inst., at Cheddar, John Lawrence, L.S.A.L., aged 70.

MCBAIN.—On the 24th inst., at Logie Villa, Trinity, Edinburgh, James McBain, M.D., aged 71.

MARTIN.—On the 16th inst., at St. Peter-square, Hammersmith, William Martin, F.R.C.S.E., late of the Bengal Medical Service, aged 65.

MELVILL.—On the 18th inst., at the Fever House, Royal Infirmary, Edinburgh, of typhoid fever, John Theodore Francis Melvill, son of Samuel Melvill, Esq., Surveyor-General, Pretoria, Transvaal, South Africa.

PEART.—On the 20th inst., at Ridge Hall, Ballybrack, J. H. Peart, M.R.C.S.E., J.P. for the County Kildare, late Surgeon Bombay Service, aged 69.

RICHARDSON.—On the 18th inst., at Clatisdale, Yorkshire, Benjamin Richardson, L.S.A.L., aged 47.

SHAW.—On the 18th ult., James Shaw, L.K.Q.C.P.I., of Riverstown, co. Sligo.

SHEWARD.—On the 24th inst., at Cedar Lodge, Cheltenham, Charles Edward Sheward, M.R.C.S.E., aged 70.

SHIELS.—On the 16th inst., John Robert Shiels, L.F.P.S.G., of Lower Green, Llanidloes, aged 26.

THORBURN.—On the 19th inst. (found dead on the Caledonian Railway, near Glasgow), Robert Tait Thorburn, L.F.P.S.G., of Larkhall, Lanarkshire.

WHITE.—On the 19th inst., at Bedford-street South, Liverpool, Frederick White, L.R.C.P.Ed., aged 33.

N.B.—*A fee of 5s. is charged for the insertion of Notices of Births, Marriages, and Deaths.*

METEOROLOGICAL READINGS.

(Taken daily at 8 a.m. by Steward's Instruments.)

THE LANCET OFFICE, March 27th, 1879.

Date.	Barometer reduced to Sea Level, and 32° F.	Direction of Wind.	Wet Bulb	Dry Bulb	Solar Radia in Vacuo	Max. Temp Shade	Min. Temp	Rain fall.	Remarks at 8.30 A.M.
Mar. 21	29·87	N.E.	40	42	..	47	39	..	Overcast
,, 22	29·76	N.E.	36	38	..	39	35	..	Overcast
,, 23	29·85	E N E	33	36	..	38	32	..	Overcast
,, 24	29·87	E.	32	32	..	36	29	..	Snowing
,, 25	29·84	N.E.	32	32	..	36	29	0·04	Snowing
,, 26	29·68	E.	35	36	..	37	30	0·10	Snowing
,, 27	29·60	E.	37	38	..	41	34	0·04	Cloudy

Notes, Short Comments, and Answers to Correspondents.

A CATHOLIC MEDICAL JOURNAL.

WE are carried back some hundreds of years by the last addition to medical journalism. On the 15th of March there appeared at Barcelona the first number of a weekly periodical, *El Sentido Católico en las Ciencias Médicas, Revista Médico-Pratica*, to be published weekly, "with the approbation and censure of the ecclesiastical authority," which apparently means that it will *not* be published with ecclesiastical censure. It starts with the assumption that every good doctor must be a good Catholic, and is heralded with a dedication to the Pope. Probably in this country such a relation will excite a smile; but when we remember the past history of the Papacy and science, such a pronounced revival of principles which have in the past been profoundly disastrous cannot but excite a feeling of sadness. Unlikely as may be ecclesiastical interference in the study of entozoa or the spread of the plague, it must not be forgotten that it is only the progress of public opinion, and not any change in the principle of the relations of Catholicism and science, which renders it improbable.

F. A. L.—Not necessarily. It depends on circumstances.

AN APPEAL.

To the Editor of THE LANCET.

SIR,—You will, I am sure, allow me through your columns to make an appeal to the sympathy and liberality of my brethren in our profession on behalf of the widow and children of the late Dr. John Owen Evans.

Dr. Evans was a pupil of University College and a graduate of the University of London. He went out to India as a medical missionary in 1853, and established a mission dispensary in Mirzapore, and carried on his work in that place and in the city of Benares until 1869, when, in consequence of failing health, he was compelled to return to England. After a short residence in London his health was such that he was compelled to retire into the country, and settled at Fratton, near Portsmouth. Here, again, his health broke down, and an affection of the skin from which he suffered made it impossible for him to present himself for this work, which he would have done with ability and gladness. His life for many years was a struggle against weakness and disease, and his personal strife and sorrows were ended by death in the autumn of 1871.

Dr. Evans has left a widow and five children, for whom I now make appeal. The two elder of these, aged nineteen and fifteen, are teachers in schools; the three younger children are at school; and they are all of them in need of help.

Evans, whom I knew well during the whole of his career, was a hard-working, thoroughly honest, and self-sacrificing man. His mental capacities and his moral character were such as would at home have secured for him success and affectionate respect; but his wish was to work elsewhere, and his work was good. Through his long years of enforced deprivation he was always hopeful, and never expressed regret for the task he had undertaken, or the pain and sorrow that it had brought about.

May I not hope that a fund may be raised to help his widow and children?

Yours &c.,

J. RUSSELL REYNOLDS.

38, Grosvenor-street, W., March 24th, 1879.

*** The circumstances of the case set forth by Dr. Reynolds in the above appeal are such as to call for the practical sympathy and help of the profession. We trust the response thereto will be liberal, and shall be glad to receive subscriptions towards the fund proposed to be raised for the relief of the bereaved widow and her family.—ED. L.

Dr. Woodward.—It would be more satisfactory if our correspondent could ascertain from Mr. Budd his reason for his action in this case. In the absence of his explanation, anything we could say would be unsatisfactory; but we shall gladly give our opinion if we can be put in possession of Mr. Budd's side of the question.

Student.—Nicholson's work on the subject of Zoology.

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"MORTALITY AMONG METROPOLITAN IMBECILES."

To the Editor of THE LANCET.

SIR,—In THE LANCET of the 15th instant an article appears on the above subject, the comments in which are more especially directed to—

1st. The date on which the annual report of the Caterham Asylum is issued by the Committee of Management.

2nd. The method of calculating the death-rate adopted in the annual reports.

3rd. The remarkable variation between the rate of mortality in the Caterham Asylum and that which prevails in the sister Asylum at Leavesden.

On each of these topics I hope you will allow me to offer a few observations.

As a fact the first annual report of the medical superintendent was issued on the 31st December, 1870. In subsequent years, however, probably from not taking into account the importance which might become attached to comparisons being drawn between different institutions treating the same kinds of disease, the Committee considered the end of September (the anniversary of the opening of the asylum) a convenient time to issue their annual report, especially as that date also happened to be the close of the asylum's financial year, and therefore suitable for the publication of the annual statement of accounts. The Committee had, however, already considered the desirability of reverting to the original date. Circumstances prevented it being adopted last year; but it is not improbable that the 31st of December, 1879, may be the date of the next annual report.

As to the method of calculating the death-rate, it will be found on closer examination that this has sometimes in former years been done on the daily average number of patients resident, as well as on the total number under treatment. During the last few years, however, the Committee decided upon using the latter system only; but the figures have always been available in each annual report for making the calculation in either way. Fully recognising still, as the Committee of Management and I always have recognised, as a means of lessening a very serious evil, the great importance of a thorough and careful investigation into the various causes conducing to the undoubtedly very high rate of mortality which has prevailed at the Caterham Asylum since its opening in 1870, I desire myself to give the fullest information, and also to offer every facility in my power to others interested in the elucidation of facts explanatory of this mortality. As one of the most direct means to this, I have had the following table drawn up, which gives the figures in the manner and up to the date—namely, 31st December in each separate year—as indicated in THE LANCET's article above mentioned, side by side with the rate of mortality on the total numbers under treatment.

CATERHAM ASYLUM.

Statement showing the percentage of deaths of patients on the daily average number resident and on the total number under treatment.

Year.	Number of deaths.	Daily average number resident.	Percentage of deaths on daily average number resident.	Total number under treatment.	Percentage of deaths on total number under treatment.
1870	4	228	1·79	358	1·11
1871	220	1332	17·19	1892	12·10
1872	253	1656	15·46	1985	12·74
1873	176	1676	10·50	2016	8·73
1874	226	1843	12·26	2201	9·82
1875	277	1842	15·03	2198	12·60
1876	229	1900	12·05	2388	9·71
1877	224	2006	11·16	2293	9·74
1878	185	1974	9·37	2241	8·25

Those who have watched the progress and operations of this asylum, or read its annual reports since 1870, will express no surprise on perusing the above figures; for it cannot fail to be known to them that I have never ceased to point out and use every means in my power to prevent the practice which has largely prevailed throughout all that time of sending to the asylum merely infirm, bedridden, and aged people, many of whom, in the last stage of paralysis, in its ordinary forms of hemiplegia or paraplegia, as well as other bodily diseases, showed on arrival only such mental impairment as would naturally be consequent upon such age or bodily infirmity, and certainly nothing approaching to any mental condition which could properly be defined as insanity, idiocy, or imbecility. Not a few of such cases have been carried from the conveyance which brought them to the asylum, to bed in our infirmary, where, after lingering for a longer or shorter period, they have died. I have been unable to find in a large number of such cases any valid reason why they should not have been retained in ordinary infirmaries suitable for the treatment of bodily disease, or why they should not have been spared the fatigue of a long journey into the country; but it is an undoubted effect of the latter process that, while it has served to diminish the mortality which would ordinarily and naturally have taken place in institutions situated in the metropolis, it has unduly swelled that of Caterham. It has also had the unfortunate result of adding unnecessarily to its numbers, and thus increasing and rendering lunacy statistics unreliable.

That such institutions as the metropolitan asylums were never intended by the Legislature for the class of cases above referred to, and of which this asylum in particular has always had more than its due share, is evidenced by the fact that the original infirmary accommodation provided in each was 180 beds only; this number has proved so wholly inadequate for the wants of Caterham that it has already for some years been supplemented by 490 infirmary beds, giving a total of 670, and there is still urgent necessity for more, the general wards containing many patients who are only fit for infirmary treatment, and most of the patients now admitted require to be at once sent to either infirmary or special wards.

If, as I am informed, it is a fact that the sister asylum at Leavesden has not required this additional infirmary accommodation, it is a striking evidence that the character of the cases received there has been of a very different kind from that received at Caterham. The cause of this difference I cannot pretend to explain. It may be that more cases have been received at Leavesden who have already undergone asylum treatment, and who would consequently be carefully selected and examined before removal by asylum superintendents, or it is possible that the unions and parishes of the southern and western divisions of the metropolis, from which Caterham receives, either contain or have taken more advantage of their opportunities for relieving themselves of a greater amount of troublesome debility.

In an excellent and elaborate statistical article published in THE LANCET last summer, it was clearly shown that normally, on the basis of age alone, Caterham's death-rate should be at least three per cent. higher than Leavesden.

As a further means of determining the relative physical deterioration, and consequent proneness to more speedy death, existing in the two asylums on an accurate basis, I would suggest a comparison of the returns (kept in all asylums) of patients who are liable to faulty habits. Caterham's average in this respect (after the most careful nursing by day as well as night) is about a third of the total number of its inmates—an enormous average, which nearly twenty years' experience in asylums for the insane has shown me nothing approaching to in any other. To those whose experience leads them to appreciate to its full extent what organic brain or spinal disease, nervous prostration, and physical breaking down this condition generally indicates, further comment is unnecessary.

I may here remark upon the increased knowledge which might be acquired in regard to actual bodily states and also health conditions under which the patients of the two asylums are placed respectively, by comparisons of the amount and character of diet, extra diet, stimulants, and medical necessaries required to be used in each, as well as of temperature; for Caterham's local position is exposed, and its residents have consequently probably greater liability during the winter months to pulmonary complaints.

That other causes than those already alluded to may exist to account for some further small proportion of our greater mortality, I am not prepared altogether to deny. I cannot, however, enter upon a consideration of them here at the present time without unduly occupying your space.

I will, therefore, conclude by remarking that the greatly lessened mortality of both Leavesden and Caterham during recent years has been pointed out in THE LANCET, the causes of which were not quite apparent. I think some solution of this difficulty is to be found in the action of the Local Government Board, who have introduced more stringency into the orders regulating them. If these orders, as they now stand, were carried out in their entirety, in spirit as well as letter, there is little doubt those institutions would soon become what they were really intented to be, asylums for the care and treatment of actual mental disease in its chronic and harmless stages, and for adult imbeciles and idiots. The defects by which abuses are allowed to creep into them appear to be mostly administrative: the want of adequate and responsible supervising authority over the asylum, its patients, and the various official documents connected with both, similar to those usually exercised in asylums under the Lunacy Acts.

I am, Sir, your obedient servant,

JAMES ADAM, M.D.,
Caterham Asylum, March 22nd, 1879. Medical Superintendent.

HOUSE-SURGEONS' FEES FOR EVIDENCE AT INQUESTS.

To the Editor of THE LANCET.

SIR,—I see that in Mr. Secretary Cross's "Bill to Consolidate and Amend the Law relating to Coroners," it is proposed to continue what I have always considered to be a flagrant injustice—viz., requiring medical officers of public charities to give evidence at inquests without fee. The clause (30) is as follows:—"Where an inquest is held on the body of a person who has died in a county or other lunatic asylum, or in a public hospital, infirmary, or other medical institution, or in a building or place belonging thereto, or used for the reception of the patients thereof, whether the same be supported by endowments or by voluntary subscriptions, the medical officer, whose duty it may have been to attend the deceased person as a medical officer of such institution as aforesaid, shall not be entitled to such fee or remuneration." This I take it includes any of the duties for which payment of fees is by a previous clause provided—viz., giving evidence, making a post-mortem examination, or an analysis.

I have been connected with public charities sufficiently long to see the unfairness of such legislation, and I think before the new Bill becomes law an effort should be made to secure for those whom this clause principally affects—viz., the junior members of the profession—the consideration due to them for the very important services they render, not to the charity to which they may be attached, but to the public at large, and for which the public ought to pay.—Yours &c.,

REGINALD HARRISON,
March 24th, 1879. Surgeon to the Liverpool Royal Infirmary.

BEST COPY AVAILAB

THE IMPORTANCE OF A POST-MORTEM EXAMINATION.

AT an inquest held at the North-Eastern Hotel, Goole, before Dr. Grabham, coroner, on the body of William Colton, for many years parish sexton, who died very suddenly at Goole, Dr. Bramwell stated that he had made a post-mortem examination of the deceased, and found that he had been suffocated by a large oyster sticking in his throat. The coroner said that this showed the importance of a post-mortem examination being held in such cases. Had not one been held, a verdict of death from natural causes, which would have been incorrect, would have been returned.

A MEDICAL MAN, signing himself "*Constant Subscriber*," should try the capsicum treatment, with quinine.

Mr. V. F. Gardner.—We can give no advice to non-legally qualified medical practitioners; we are not conscious of their existence.

SPONTANEOUS SEPTICÆMIA.

To the Editor of THE LANCET.

SIR,—I read with great interest the article in your journal of Feb. 22nd on the above subject. The details of symptoms and appearances given in that article closely resemble the phenomena presented by a case which fell under my observation in December last year.

A boy, sixteen years of age, of a somewhat bilious constitution, came to me complaining of feeling unwell and of having a dull, heavy headache. He begged not to go to bed, but preferred to sit about. In the afternoon he complained of a pain in his right leg; he thought he must have wrenched it. He was put into a warm bath, and went to bed in blankets. At night the pain in the leg was found to be confined to the thigh, which was swollen and tender to the touch. He had a fair night, and on visiting him in the morning I found that his head was clear and he felt better, but the leg was still swollen, and had now a glazed appearance. The foot and leg were carefully examined, but no recent abrasion could be found; there was a slight scab on a scratch on the great toe, but beyond this there was nothing to account for the swollen condition of the thigh. A free application of nitrate of silver over the whole of the affected limb gave relief to the tension: the temperature was 101°; pulse 84, of feeble character; the tongue was moist, and the bowels freely acted on. On the evening of this, the second day, there was a sudden accession of grave symptoms: the pulse increased in rapidity; the temperature rose to 104°; severe headache with a certain degree of stupor came on, and great restlessness. The leg had diminished in size, and was no longer painful; severe rigors, followed by profuse and strong-smelling perspiration, took place frequently during the night, and were continued throughout the following day. He complained of great pain in his back; this was partially relieved by placing him on a water-bed. He had some sleep during the night; but there was no remission of the symptoms, excepting that the leg was greatly reduced in size, and no longer painful when pressed.

On the fourth day the temperature reached 105·6° in the morning and 106·3° in the evening. There was great pain in the region of the liver, which was evidently enlarged, as was also the spleen on the left side. The respiration was short and catching, and the pulse small, feeble, and almost uncountable.

On the fifth day there was a remission of the symptoms; the perspirations ceased, and the pulse fell to 120; the respiration was less oppressed, and the temperature 105°. This remission appeared to follow the use of the cold pack, which had been twice used in the night.

On the sixth day the symptoms were again aggravated, and the cold pack no longer gave any relief; the temperature again reached 106°; the abdomen became tympanitic, and great pain was complained of in the hepatic region. The intelligence was much more obscured, so that he could barely make himself understood when he tried to speak. He steadily grew worse, and for the last twelve hours of his life he was practically unconscious, and had convulsive twitchings at frequent intervals; the cold pack was again used, but no improvement took place, and he sank on the evening of the seventh day.

As early as the third day portions of the lungs were congested, and, as the disease advanced, nearly the whole of the right lung was filled with patches of consolidated tissue. Endocardiac murmurs were present on the fifth day. From the first he passed a very considerable quantity of urine, which contained albumen on the third day; the amount of albumen was greatest on the fourth and fifth days.

The treatment that I adopted was large doses of quinine, with ammonia and wine and beef-tea as long as it was borne. The cold pack seemed to be of great service early in the attack. After the severe symptoms appeared on the evening of the second day there was no real improvement, and I felt constrained to take a very hopeless view of the probable result.

Yours faithfully,

Marlborough, March 8th, 1879. WALTER FERGUS, M.D.

Dr. Arnold Rae.—The question is a very large one. There are differences in terms, and we advise our correspondent to seek information from surgeons holding the appointments he mentions.

A Surgeon-Major.—We regret that we cannot afford space for our correspondent's letter.

Mr. Reginald R. Hoare.—It is not correct for a gentleman holding only the title of L.F.P. & S. Glasgow to use the title of "Dr."

V. F. W. C.—This is a matter on which we cannot express an opinion. Consult a solicitor.

Constant Reader.—A "registered practitioner" can, if he pleases, dispense his own prescriptions.

Mr. Richard Wellings.—The coroner should be addressed directly in such a case; that is, when the medical man called in sees ground to think an inquiry is necessary. It rests with the coroner to determine whether there shall be an inquest. The police have no power to decide the matter.

Mr. Clarence Vivian will find the particulars required in Pereira's Materia Medica.

"ANTISCORBUTIC PREPARATIONS."

To the Editor of THE LANCET.

SIR,—With mingled pain and astonishment we have just read your remarks, under the above heading, in the current number of THE LANCET, which comments, so far as they apply to us as the manufacturers of Wenham's Lime-juice Saline, or Health Salt, are based upon an entirely false assumption—an assumption erroneous inasmuch as we never entertained, much less expected or desired, the Board of Trade to promulgate the idea that our preparation was in any way worthy to be considered as an equivalent or substitute on shipboard for the lime- or lemon-juice which by a wise enactment is prescribed and enforced by law. What we did do, and to which probably your misapprehension is to be attributed, was to call the attention of the Board to the superior acid, both in kind and degree, and the minimised alkaline qualities which are the characteristics of our especial preparation—constituting it, we honestly supposed, a far more wholesome and serviceable preparation than any of the more highly alkaline compounds of tartaric acid, which when used, as they largely are, by seamen on long voyages as refrigerants and antiscorbutics, may really detract from, rather than prove supplementary to, the prophylactic agency of the lime-juice, as by a wise provision directed to be used, and which, we conscientiously aver, we never entertained the remotest idea or hope of supplanting.

Concerning the obloquy which you gratuitously cast by herding us with so-called "ingenious adventurers," whose multiplicity of, by your remarks inferentially similar, preparations bedeck the windows of gin-palaces &c., we would submit that it is as incorrect as it is unmerited—firstly, because our preparation is notoriously the only one into which the less costly and, we presume, less specifically useful acid does not form an essential part; and secondly, because also we consider that in foregoing the additional pecuniary profit, as well as, apparently by your remark, enhanced effervescent value which would accrue from the use of tartaric acid and a larger alkalinity, we in justice should have been spared the strictures which you have thought fit to bestow upon us.

In conclusion, we take leave to ask, as a matter of simple justice, that you will afford publicity to this statement in defence of the aspersions which you have ventured to cast upon us individually.

We are, Sir, yours obediently,

Southend-on-Sea, March 24th, 1879. WHEELER AND CO.

A VERITABLE MONSTER.

To the Editor of THE LANCET.

SIR,—The following description of a monster will not fail to interest those readers of THE LANCET who take an interest in obstetrics. Fortunately such an instance must be extremely rare, if not altogether unprecedented.

I attended Mrs. G. A——, the wife of a well-to-do farmer, in her confinement early on the morning of February 20th. It was her eighth pregnancy, she having borne one dead and five living children at term, and had one miscarriage. The labour was natural and rapid; the child breathed, and cried directly it was born.

On examining the infant, I found it to be an eight months' child, very fat, with well-developed limbs; it weighed 6 lb. 2 oz. The scalp is wanting for the space of about two square inches over the posterior fontanelle, the dura mater being exposed to view. In other respects the head is of good size and shape. The face is destitute of eyes, the only vestige of these organs being faintly defined eyebrows inclined towards the centre of the face; even the orbits are wanting. Above the eyebrows is a good-sized *penis*, with urethra, glans, and corpora cavernosa; under this is an opening resembling a gash in the skin—there is no sign of a nose,—the upper lip extends from this gash to the mouth. The neck and trunk are well formed. In addition to the remarkable appearance already described, the anus is imperforate, and the penis wanting in its normal situation, its representative being a stump about two lines in length, with a urethra communicating with the bladder, and through which the child voided urine. Attached to each little finger by a pedicle of skin is a supernumerary finger very imperfectly developed. The legs and feet are of proper proportion. The child or monster presents an appearance truly diabolic, the penis on its forehead being at least an inch and a half in length, with a urethra quite patent, through which I passed a silver probe down to the frontal bone. It seemed feeble, and after a short time, to the great joy of its relatives, and no less to my satisfaction, it died. I have preserved it in spirit, and shall be happy to show it to any member of the profession who may desire to see it.

In the Appendix to Ramsbotham's Obstetric Medicine and Surgery, he says: "*Misplacement of perfectly formed parts* is the least common of all kinds of monsters. I do not know that even among all the extravagant stories of the older works there is any account of a well-formed arm rising from the pelvis, or a leg from the scapula; and we should certainly not give credence to it were we to meet with such a tale."

It will be interesting to learn from other obstetricians if any cases have come under their notice similar to this, and also if any explanation can be given of so extraordinary a phenomenon.—Yours &c.,

F. S. GRAMSHAW, M.D., L.R.C.S. Ed.

Stillington, Yorks, Feb. 24th, 1879.

PY AVAILABLE

MEDICAL RELIEF OF THE SICK POOR IN ABERDEEN.

THE managers of the Royal Infirmary of Aberdeen are concerned at the increase of the number of their out-patients, many of whom, it is said, could afford to pay for treatment in the ordinary way. The question is complicated by the deed of mortification of one Mr. John Bennett, who left money for the relief and support of the incurable and sick poor of Aberdeen. This money has generally been handed over by the infirmary to the General Dispensary, on the understanding that the dispensary does the work of the outsiders, which is increasingly falling to the lot of the infirmary.

Dr. Duckworth is thanked.

THE VENTNOR HOSPITAL.

To the Editor of THE LANCET.

SIR,—In his otherwise excellent letter in your last issue, Dr. A. H. Hassall complains of the shortened average stay of patients in the Royal National Hospital for Consumption here. This admits of a satisfactory explanation.

After more than once altering the rule stating a fixed period for the stay of patients, it was found attended with so much inconvenience, from patients with very trifling ailments being sent to us under the impression that they had the right to remain in hospital during the period fixed without reference to the state of their health, that the Board of Management at length decided that the stay of patients should be left entirely to the medical staff, to be determined by the necessities of each individual case. This has wrought most satisfactorily, as it has enabled the staff greatly to extend the stay of one class of patients, and to shorten that of others where the nature of the case justified such a course. Under the rule as thus altered, about 25 per cent. have remained over sixteen weeks, while the rest have stayed comparatively shorter periods, thus shortening the average stay of the whole body of patients.

The present year will certainly show a greatly extended average period of sojourn in the hospital, as the terribly inclement weather throughout the country has rendered it impossible to discharge many patients, fairly convalescent, to return to their homes.

I am, Sir, your obedient servant,

Ventnor, I.W., March 22th, 1879. J. G. S. COOHILL, M.D.

COMMUNICATIONS, LETTERS, &c., have been received from—Sir J. Fayrer, London; Dr. J. Russell Reynolds, London; Dr. Duckworth, London; Dr. Matthews Duncan; Mr. Davies-Colley, London; Mr. H. P. Dunn, London; Dr. Stungoe; Dr. Macewen, Glasgow; Mr. Neale, Liverpool; Mr. Wellings, Wateclose; Mr. Pratt, Newtown; Mr. J. Carter, London; Dr. Hardwicke, Sheffiel; Messrs. Wheeler and Co., Southend; Dr. Macdonald, Cupar-Fife; Mr. Womersley, Empingham; Dr. Stubb, Manchester; Dr. Creighton, Cambridge; Mr. Griffiths, London; Mr. M'Rae, Penicuick; Mr. G. Haggan, London; Mr. Palmer, London; Mr. Thomson, Victoria; Mr. Bennett, Lancaster; Dr. Dana, Portland, U.S.A.; Dr. Wilcox, Lewisham; Mr. Weekes, York; Dr. Byrne, London; Mr. Garstang, London; Mr. Thornton, London; Mr. Miller, Londonderry; Mr. Harrison, Liverpool; Mr. M'Lean, London; Mr. Watt, Horringham; Mr. Davis, Dawley; Dr. Slade-King, Ilfracombe Mr. Francis, Derby; Dr. Wilson, Dilwyn; Mr. Hoare, Birmingham; Dr. Emmerson, Biggleswade; Mr. Campbell, London; Mr. Hughes; Dr. W. H. Stone; Dr. Staines; Dr. Tinley; Dr. Anderson, Liverpool; Dr. Shaw; Dr. Christie, Leith; Dr. Smith, Cornwold; Mr. Wallace; Dr. Granshaw, Gravesend; Dr. Coghill, Ventnor; Dr. Pearson; Dr. Ashby, Manchester; Mr. Newman; Mr. Hammond; Mr. Norton; Mr. Wright; Mr. Kelsall; Mr. Ody; Dr. Browne; Mr. C. Violet, Malaga; Mr. Stokes; Dr. Brown, Edinburgh; Mr. Charles; Mr. May; Mr. Hannah, Ashton-in-Makerfield; Dr. Pearse, Kingsbridge; Mr. Keith; Mr. Carr; Dr. Parry, King's Lynn; S. O.; L.K.Q.C.P.I.; A Surgeon-Major; A Constant Subscriber; G. A. L.; F. W. C.; R. H., Highgate; Constant Reader of THE LANCET; The Registrar-General of Edinburgh; Veritas; Vendor; A Member of the Infirmary Ward; F.S.P.; M.D.; Eustachian; &c. &c.

LETTERS, sent with enclosure, are also acknowledged from — Dr. Newth, Hayward's Heath; Messrs. Jaukson and Parkes, Louth; Dr. Ward, Warneford; Mr. Jackson, Sheffield; Mr. Coates, Tredegar; Mr. Pearse, London; Mr. Beal, Market-Rasen; Mr. Haynes, Stansted; Mr. Barnett, Teddington; Dr. Smyth, Belmont; Mr. Hemming; Mr. Wayman, Foulsham; Dr. Sheerman, Swinton; Mr. J. Brown, Chesterfield; Dr. C. Williams; Dr. W. D. Jones, Ruthin; Mr. Jenkinson; Dr. Powel; Mr. Harran; Dr. Osborn, Thornton; Mr. Williams, Colchester; Mr. Watson, Thaxted; Mr. Clark; Mr. Wilson; Mr. Watkins, Nottingham; Femar; G., Brompton; N. H., Finsbury; M. D. M. G.; P. C., Hornsey-rise; W. J. F.; X.; H. B. L.; P. L. D.; B. M., Manchester; A. J. G. C.; W. R.; C., Shrewsbury; A. M. B., Eastbourne; M.D., Worcester; Dispenser; Medicus, Bradford; J. C., Liverpool; A. D., Southwark; M.D., Sittingbourne; Dr. C.; A. R., Blackheath; Alpha, Edinburgh; Medicus, Scarborough; Delta, Amersham; M., Crayford; J. G. L., Bristol; Surgeon, Hammersmith; Medicus.

Church of England Temperance Chronicle, City Press, West Cumberland Guardian, Doncaster Reporter, Gravesend and Dartford Reporter, Stratford-upon-Avon Herald, Dewsbury Reporter, Jarrow Guardian, Craven Pioneer, Daily Review, Scotsman, Leeds Mercury, Edinburgh Courant, Manchester Guardian, Bristol Mercury, Liverpool Daily Post, Reading Mercury, Saunders' Irish Daily News, &c., have been received.

Medical Diary for the ensuing Week.

Monday, March 31.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M. each day, and at the same hour.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M. each day, and at the same hour.
ST. MARK'S HOSPITAL.—Operations, 9 A.M. and 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
MEDICAL SOCIETY OF LONDON.—8½ P.M. Dr. C. Theodore Williams: "Cases of Phthisis treated at High Altitudes."—Dr. Gowers, "On some of the Causes of Epilepsy."

Tuesday, April 1.

GUY'S HOSPITAL.—Operations, 1½ P.M., and on Friday at the same hour.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 3 P.M.
ROYAL INSTITUTION.—3 P.M. Professor E. A. Schäfer, "On Animal Development."
PATHOLOGICAL SOCIETY OF LONDON.—8½ P.M. The following Specimens will be shown:—The Changes in the Cells of the several Glands in Leprosy and Cancer; Arrested Development in the Male Organs of Generation; Melanotic Growth in the Eyeball; Lardaceous Degeneration; Hypertrophied Heart; &c.—Report by the Morbid Growths Committee on Mr. Lister's Case of "Cancer of the Scapula." At nine o'clock the discussion on the Anatomical Distribution and Pathological Relations of "Lardaceous Disease" will be resumed.

Wednesday, April 2.

MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M., and on Saturday at the same hour.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M., and on Saturday at the same hour.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M., and on Saturday at 1 P.M.
LONDON HOSPITAL.—Operations, 2 P.M., and on Thursday and Saturday at the same hour.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M., and on Saturday at the same hour.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2½ P.M.
ROYAL COLLEGE OF PHYSICIANS OF LONDON.—5 P.M. Lumleian Lectures: Dr. Bristowe, "On the Pathological Relations of the Voice and Speech."
OBSTETRICAL SOCIETY OF LONDON.—8 P.M. Specimens by Dr. Godson.—Paper: Dr. Routh, "On a Case of Extra-uterine Pregnancy."
EPIDEMIOLOGICAL SOCIETY.—8½ P.M. Mr. George Turner, Medical Officer of Health to Portsmouth, "On Summer Diarrhœa."

Thursday, April 3.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—1½ P.M. Surgical Consultations.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M., and on Friday at the same hour.
ROYAL INSTITUTION.—3 P.M. Professor Tyndall, "On Sound, including its recent Applications and Methods of Reproduction."
HARVEIAN SOCIETY.—8½ P.M. Dr. G. C. P. Murray: "Cases of Uterine Disease."—Dr. Stewart, "On Simulated Scarlet Fever."—Dr. J. W. Langmore, "On Contracted Kidney in young subjects."

Friday, April 4.

ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Ophthalmic Operations, 2 P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL COLLEGE OF PHYSICIANS OF LONDON.—5 P.M. Lumleian Lectures: Dr. Bristowe, "On the Pathological Relations of the Voice and Speech."
ROYAL INSTITUTION.—3 P.M. Mr. Wm. Crookes, "On Molecular Physics in High Vacua."

Saturday, April 5.

ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Mr. F. Seymour Haden, "On Etching."

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